



# Service Retirement Checklist



At TRS, we're always working to further digitize our resources and provide the best service for our members. Applying for your TRS retirement can also be completed electronically. Simply log in to your *MyTRS* account and follow the instructions under "Apply for a Retirement" located under the Benefits tab.

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Visit the **Planning for Retirement** webpage at [https://www.trs.texas.gov/Pages/active\\_member\\_planning\\_retirement.aspx](https://www.trs.texas.gov/Pages/active_member_planning_retirement.aspx) where you will find an overview of the steps to retirement and helpful resources.

Date Completed:

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Review a service retirement estimate. You can run your own estimate using *MyTRS* or you may contact TRS for an estimate.

Date Completed:

☐

Complete the documents provided in your retirement packet, following the instructions in the packet:

Date Completed:

☐

*Application for Service Retirement* form (TRS 30)

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*Withholding Certificate for Periodic Pension or Annuity Payments* (Form W-4P)

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*Direct Deposit Request form* (TRS 278)

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Send **copies** of proof of age documents for both you and your primary beneficiary. Print your name and TRS Participant ID or social security number on your and your beneficiary's document(s).

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If applicable, review and complete any optional forms available on the TRS website and submit to TRS as soon as possible before your retirement date.

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*Partial Lump-Sum Option (PLSO) Election* form (TRS 30P)

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*ERS Service Credit Transfer Request* form (TRS 528)

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*Certification of Unused State Sick and/or Personal Leave* form (TRS 587)

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Terminate employment by notifying your employer. TRS will contact your employer(s) near your retirement date to confirm your termination date and final salary information.

Date Completed:

☐

Complete service credit purchase (if applicable).

Date Completed:

☐

Contact TRS-Care or another group health plan for eligibility and enrollment information. Note: If you are eligible for TRS-Care at retirement, you will receive an Initial Enrollment Application and a TRS-Care Enrollment Guide once your *Application for Service Retirement* form (TRS 30) is received at TRS. If you are not eligible for TRS-Care, contact the benefits office at your place of employment to determine whether you may be eligible for other health benefit coverage after retirement.

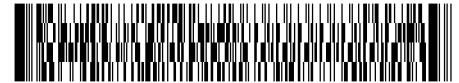
Date Completed:



# Application for Service Retirement

TRS30 (02-20)

PO Box 149676  
Austin, Texas 78714-0185  
(800) 223-8778  
www.trs.texas.gov



This form must be received by TRS by the last day of the second calendar month following the month you want your retirement to be effective. Initial any corrections to avoid possible disputes.

Name \_\_\_\_\_ TRS Participant ID or  
Social Security Number \_\_\_\_\_

## SECTION A - SELECTION OF RETIREMENT DATE

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**Retirement Date** (MM-YYYY) - Your retirement will be effective on the last day of the month that you select. You must terminate **all** employment with all TRS-covered employers no later than your retirement effective date. The only exception to this requirement is if you select a May retirement date; then, all employment with TRS-covered employers must be terminated no later than June 15th.

## SECTION B - SELECTION OF RETIREMENT ANNUITY PAYMENT PLAN

Refer to the written retirement annuity estimates you received from TRS, which provide you the estimated gross dollar amount payable under each plan. Check only **ONE** of following plans:

- ☐ **Standard Annuity Option** - The maximum annuity payable throughout my life with these payments ceasing upon my death.
- ☐ **Option 1** - A reduced annuity payable throughout my life with the provision that, upon my death the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 1 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.
- ☐ **Option 2** - A reduced annuity payable throughout my life with the provision that, upon my death 50 percent of the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 2 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.
- ☐ **Option 3** - A reduced annuity payable throughout my life with the provision that, if my death occurs within a period of 60 months after retirement, my beneficiary will receive the remainder of the 60 payments.
- ☐ **Option 4** - A reduced annuity payable throughout my life with the provision that, if my death occurs within a period of 120 months after retirement, my beneficiary will receive the remainder of the 120 payments.
- ☐ **Option 5** - A reduced annuity payable throughout my life with the provision that, upon my death 75 percent of the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 5 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.

If you are eligible to elect a Partial Lump-Sum Option (PLSO), please review the TRS form 30P (*Partial Lump-Sum Option (PLSO) Election*), included in the retirement packet of members eligible for this election. Election of PLSO permanently reduces the monthly annuity payment available from each of the payment plans listed above.

**NOTE:** This application will be void if all documents and forms required for retirement are not received at TRS within 12 months from the effective date of retirement indicated above. If this application becomes void for this reason, your earliest retirement date can then be no earlier than the last day of the month in which TRS receives a new retirement application, or the last day of either of the two preceding months, provided employment has terminated. No annuity payments will be payable for the intervening months.

### SECTION C - DESIGNATION OF BENEFICIARY(IES)

Designate your beneficiary for your retirement annuity payment plan (Option 1, 2, 3, 4, or 5) and for retiree survivor benefits below. To be effective, this form must bear your signature and must be received by TRS before your death. A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves **no designation of beneficiary**. When no beneficiary is designated, applicable law determines who will receive benefits after your death. If you wish to designate a beneficiary for retiree survivor benefits different from the beneficiary you designate below for your retirement annuity payment plan, please contact TRS for a *Designation of Beneficiary* form (TRS15). Please see the enclosed *Instructions and Information for Designating a Beneficiary* form (TRS677) for important information.

Joint primary beneficiaries may be designated under the Standard Annuity Option, Option 3 or Option 4 payments plans. Only one primary beneficiary can be designated to receive continuing payments under Option 1, Option 2, or Option 5. Also, Option 1 and Option 5 may not be available with a non-spouse beneficiary who is more than 10 years younger than you.

#### DESIGNATION OF PRIMARY BENEFICIARY(IES)

Unless I have provided otherwise by specific designation, I hereby designate the following person(s) as my primary beneficiary(ies) to receive applicable benefits which may be due following my death (surviving designated joint beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address

#### DESIGNATION OF ALTERNATE BENEFICIARY(IES)

Unless I have provided otherwise by specific designation, in the event the primary beneficiary predeceases me, waives the benefits, or is ineligible to receive the benefits, I designate the following person(s) as my alternate beneficiary(ies), to receive applicable benefits which may be due following my death (surviving designated joint alternate beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address

### SECTION D - SIGNATURE

Your signature is required to complete this application for service retirement.

I hereby elect to retire effective the month and year indicated in Section A of this form and to receive the annuity payment plan selected in Section B of this form. I further hereby revoke any previous designations of beneficiaries except for my beneficiary(ies) designated for the Deferred Retirement Option Plan (DROP), the Partial Lump-Sum Option (PLSO), or retiree survivor benefits payable after retirement, if applicable. The designations I have made on this form in Section C shall be in effect from the date it is received by TRS, provided it is received before my death.

I understand that after TRS makes a payment to me, I cannot change my retirement annuity plan except as provided by law and I cannot revoke my retirement.

I acknowledge that I received and read the *Instructions for Service Retirement* (TRS31) that was provided in my retirement packet. I understand that upon retirement if I return to work for a TRS covered employer in any position I must adhere to current and any potential changes to employment after retirement laws and rules or I may lose my monthly annuity. **It is my responsibility, and not my employer's, to understand the limitations that can result in the loss or suspension of my monthly annuity.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Instruction Sheet for Designation of Beneficiary

PO Box 149676  
Austin, Texas 78714-0185  
(800) 223-8778  
[www.trs.texas.gov](http://www.trs.texas.gov)

TRS677 (09-16)

- YOU MUST USE THE CORRECT TRS FORM. THE TRS FORM MUST INCLUDE AN ORIGINAL SIGNATURE. TRS RECOMMENDS THAT YOU SIGN IN INK AND USE A COLOR OTHER THAN BLACK. PLEASE TYPE OR PRINT YOUR DESIGNATION LEGIBLY.
- If you are physically unable to sign your name, you may instead make a mark on the signature line in the presence of a disinterested witness or a notary. The disinterested witness or notary who witnesses your mark should make a statement near your mark that you intended the mark to be your signature, include his or her name, and sign the statement.
- If you are unable to sign your name or make a mark, you may:
  - o Ask a disinterested witness to sign for you. The disinterested witness who signs for you should make a statement near the signature that assistance was requested, include his or her name, and sign the statement.
  - o Ask a notary to sign for you in the presence of a disinterested witness. The notary who signs for you should make a statement near the signature that assistance was requested, that the notary signed in the presence of a disinterested witness, and include the name of the disinterested witness.
- TRS must receive a TRS beneficiary form before your death for the beneficiary designation to be effective. Your employer is not authorized to receive the form instead of TRS; do not leave this form with your employer.
- Please provide enough information for TRS to identify you, and to identify and locate your beneficiary after your death (i.e.: your full name and social security number).
- Initial any corrections, mark-outs, or white-outs made on the form to avoid possible disputes. TRS will not accept stipulations or instructions you write on the form for the payment or division of benefits; TRS will pay benefits according to applicable law. No attachments may be made to the form.
- If you designate more than one beneficiary, the surviving beneficiaries will share equally in any applicable benefits payable (share and share alike). This means that if one designated beneficiary dies before you die, then any remaining surviving beneficiaries will receive equal shares of the benefits. Do not stipulate unequal portions to joint beneficiaries.
- If you do not designate a primary beneficiary but you designate an alternate beneficiary, the alternate beneficiary will receive any benefits payable.
- A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves no designation of beneficiary. When no beneficiary is designated, applicable TRS plan terms determine who will receive benefits after your death. When TRS receives a new beneficiary designation form, it revokes any previous designation for the benefits affected by the form. To add or remove a designated beneficiary, you must complete the new applicable form in its entirety and send it to TRS.
- If you designate a minor, any benefits will be paid to the surviving parent or the court-appointed adult responsible for the minor based on the laws in the minor's state of residence.
- If you wish to have any benefits paid to your estate, designate "my estate" as beneficiary. Your estate can be named as either primary or alternate beneficiary. Your estate must be probated in some manner for TRS to pay benefits to your estate. Naming your estate may delay payment of benefits while the required documents are obtained from the court.
- A divorce will revoke your former spouse as beneficiary for some TRS benefits payable after your death if you designated that person as your beneficiary before the date of your divorce and if TRS receives a certified copy of your divorce decree before paying benefits. If you wish to designate your former spouse as beneficiary, complete a new beneficiary form after the date of the divorce and send it to TRS. Receipt by TRS of a divorce decree does not affect the beneficiary for an Option 1, 2, 3, 4, or 5 retirement payment plan, a remaining partial lump sum option (PLSO) balance, or a remaining deferred retirement option plan (DROP) balance.
- If you die before you receive all of your DROP or PLSO payments, any remaining DROP or PLSO balance will be distributed in the following order: (1) to the beneficiary designated on the "Designation of Beneficiary for Deferred Retirement Option Plan (DROP) Benefits" (form TRS 11D) or the "Designation of Beneficiary for Partial Lump-Sum Payment(s)" (form TRS 12L), as applicable; (2) to the beneficiary designated to receive your retirement benefits; then, (3) to the beneficiary eligible to receive active member death and retiree survivor benefits.

If you have questions or circumstances not covered by these instructions, please contact TRS.

**Withholding Certificate  
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

**2025****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

(c) **Single or Married filing separately****Married filing jointly or Qualifying surviving spouse****Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

**Step 2:  
Income  
From a Job  
and/or  
Multiple  
Pensions/  
Annuities  
(Including a  
Spouse's  
Job/  
Pension/  
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

**Step 3:  
Claim  
Dependent  
and Other  
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 . . . \$

Multiply the number of other dependents by \$500 . . . \$

Add other credits, such as foreign tax credit and education tax credits . . . \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . **3** \$**Step 4  
(optional):  
Other  
Adjustments**(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . **4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment** . . . **4(c)** \$**Step 5:  
Sign  
Here****Your signature** (This form is not valid unless you sign it.)**Date**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

**TIP:** Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible



## Specific Instructions *(continued)*

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

### Step 4(b) – Deductions Worksheet *(Keep for your records.)*



<b>1</b>	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	<b>1</b>	\$		
<b>2</b>	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul> </td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>	<b>2</b>	\$
{	<ul style="list-style-type: none"> <li>• \$30,000 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$22,500 if you're head of household</li> <li>• \$15,000 if you're single or married filing separately</li> </ul>				
<b>3</b>	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "0" . . . . .	<b>3</b>	\$		
<b>4</b>	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> <li>• \$2,000 if you're single or head of household.</li> <li>• \$1,600 if you're married filing separately.</li> <li>• \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.</li> <li>• \$3,200 if you're married filing jointly and both of you are age 65 or older.</li> </ul> Otherwise, enter "0". See Pub. 505 for more information . . . . .	<b>4</b>	\$		
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	<b>5</b>	\$		
<b>6</b>	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	<b>6</b>	\$		

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Direct Deposit Request

TRS278 (08-22)

PO Box 149676  
Austin, Texas 78714-0185  
(800) 223-8778  
www.trs.texas.gov



TRS PARTICIPANT INFORMATION	
Name	TRS Participant ID or Social Security Number
Mailing Address (city, state, and ZIP code)	

NEW ACCOUNT INFORMATION - Please attach a voided check to the back of this form	
Financial Institution Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number (9 digits)	Account Number (maximum 17 digits)

INTERNATIONAL PAYMENTS VERIFICATION - Required	
Will these payments be forwarded to a financial institution outside the United States?..... "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation on page 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT AND AUTHORIZATION - Required	
<p>I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts.</p> <p>I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. <i>(For further information on these rules, please contact your financial institution.)</i></p>	
Signature	Date



**ACH (Direct Deposit) Payment Destination Confirmation - Required**

Place a check mark ( ✓ ) on the appropriate selection below to indicate your response.

**I attest, under penalty of perjury**, that the ACH payment(s) to be issued by the state of Texas and sent to my domestic financial institution and account listed on page 1:

- (a) ☐ **WILL** be forwarded in its entirety (100%) to a country outside the United States.  
Specify the name of the country where 100% of payment(s) will be forwarded: \_\_\_\_\_
- (b) ☐ **WILL** be forwarded, but less than 100%, to a country outside the United States.
- (c) ☐ **WILL NOT** be forwarded to a country outside the United States.

I have read and understand the statements above and will notify the state agency that issues my state of Texas payments of any change to the intended final destination of these payments.

Signature

Date

**Additional Information**

TRS through the Texas Comptroller of Public Accounts has the ability to electronically deposit an annuitant's monthly benefit and certain other payments to an authorized financial institution. In order for TRS to deposit the annuitant's payments into a financial institution, the annuitant must sign the TRS 278 Direct Deposit Request form.

Payments may only be deposited to an account in which the TRS participant has an interest.

Any change to your direct deposit will apply to all eligible payments issued by TRS.

TRS recommends attaching a voided check in the space below. Please use tape. Do not staple or paper clip.



# Information Sheet for Direct Deposit Request

TRS 278IN (09-16)

www.trs.texas.gov  
PO Box 149676  
Austin, Texas 78714-0185  
(800) 223-8778

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## **ANNUITANT INFORMATION**

The annuitant's name, social security number, mailing address, home telephone number, and work telephone number, if any, should be typed or printed in the appropriate lines.

## **ACCOUNT HOLDER AGREEMENT**

After reading the conditions of the depository agreement, the annuitant, annuitant's attorney-in-fact, or guardian of the annuitant's estate must sign and date the form. If the attorney-in-fact signs the form on behalf of the annuitant, the power of attorney document must be attached to the form. If a guardian signs the form on behalf of the annuitant, the Order and Letters of Guardianship or other legal document must be attached to the form. If you have already provided these legal documents and TRS has accepted them, you do not need to provide an additional copy with this form.

The monthly benefit may only be deposited in an account in which the annuitant has an interest. The routing number should reflect the number for electronic transfers, which may be different from the routing number for the branch bank at which the account is held. The annuitant, by signing this form, authorizes the financial institution to communicate and disclose relevant information to TRS concerning the parties who have an interest in this account and to recover erroneous payments from the account holders. By signing this form, the annuitant represents that the financial institution agrees to accept the electronic transfer from TRS on behalf of the annuitant and verifies that the annuitant is an individual having an interest in the account in which the TRS payments will be deposited.

## **TERMINATION OF DIRECT DEPOSIT AGREEMENT**

This direct deposit agreement shall remain in effect until terminated by:

- cancellation by the annuitant, attorney-in-fact, or guardian by written notice to TRS that gives TRS a reasonable opportunity to act upon such notice; or
- written notice from TRS to the annuitant indicating TRS's termination of the agreement; or
- the closing of the account by the annuitant or authorized legal representative.

A monthly annuity is payable to a TRS annuitant through the month in which the person dies. TRS is authorized by law to send a final monthly payment of an annuity to a financial institution.



# Acceptable Proof of Age Documents

TRS13 (04/18)

www.trs.texas.gov  
PO Box 149676  
Austin, Texas 78714-0185  
(800) 223-8778

Please do not send original documents that you want returned to you. TRS will accept legible unaltered copies of the original document. Please indicate on any birth record submitted the Social Security number of the member in whose file the document is to be placed and the Social Security number of the beneficiary if he or she is also a member. If there is any question concerning a copy of any birth record, a certified copy and other information may be required.

- **STATE ISSUED DRIVER LICENSE OR STATE ISSUED ID CARD** showing the individual's date of birth. Current or expired is acceptable .
- **U.S. OR STATE ISSUED MILITARY ID** showing the individual's date of birth. Current or expired is acceptable
- **U.S. PASSPORT** showing the individual's date of birth. Current or expired is acceptable.
- **BIRTH CERTIFICATE** a copy of the complete document clearly showing the individual's full name and date of birth. The birth certificate must also reflect the signature of a County Judge, County Clerk, Deputy or Registrar.
- **DELAYED BIRTH CERTIFICATE** issued by the state in which birth occurred. If born in Texas, consult the County Clerk of the county in which the residence is maintained for application forms and instructions. If born in another state, consult that state's Bureau of Vital Statistics for application forms and instructions.
- **UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF CONSENSUS REPORT** stating the age of the individual at a census year when the individual was less than 20 years old.
- **BAPTISMAL RECORD OR PARISH RECORD** wherein the age of the individual at the time of baptism is given.
- **FAMILY BIBLE RECORD** the date of birth of the individual was recorded at or near the time of birth. The publication date of the Bible must be reflected and must be a date prior to the individual's date of birth. The Teacher Retirement System of Texas (TRS) will supply the proper affidavit forms and instructions upon request.
- **LETTER FROM SOCIAL SECURITY ADMINISTRATION** indicating the date of birth accepted by the Social Security Administration. This letter must be signed by an official of the Social Security Administration.
- **NATURALIZATION OR CITIZENSHIP PAPERS** showing the individual's date of birth.
- **ALIEN REGISTRATION CARD** showing the individual's date of birth.
- **HOSPITAL BIRTH RECORD** signed by the administrator or custodian of records of the hospital.