



APPLICATION FOR REFUND

For Participants in the Optional Retirement Program

Part I (Please Print)

Name _____ Social Security No. _____

Telephone No. _____ Date of Birth _____

Member's Mailing Address: _____
Street Address or Box Number City State Zip Code

- **Having elected to participate in the Optional Retirement Program and thereby precluding my membership in TRS, I hereby request a refund of the accumulated contributions which I have on deposit with the Teacher Retirement System of Texas. I understand that by electing the Optional Retirement Program, I forfeit and relinquish all accrued rights as a member of the Teacher Retirement System of Texas.**

MEMBER MUST CHECK ONLY ONE SECTION

(see "Special Tax Notice Regarding TRS Payments" information sheet)

- () I hereby request that none of my accumulated account balance be rolled over into an eligible rollover plan. I understand that 20% of the taxable amount of my refund will be withheld for income tax as required by law. **(PROVIDED THE AMOUNT IS GREATER THAN \$200.00)**
- () I hereby request that **all or a portion of my refund be rolled over into an eligible retirement plan.** Please send me information so I can provide TRS with rollover plan instructions.

I hereby acknowledge that I have been provided with "Special Tax Notice Regarding TRS Payments" and that I have 30 days from receipt of the notice to consider my decision of whether or not to elect a direct rollover of my distribution. I understand, that per U.S. Treasury Regulations, once I have made an election to rollover funds, it is irrevocable and cannot be changed.

 Signature of Member

STATE OF _____ COUNTY OF _____

BEFORE ME, on this day personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that this person executed the same for the purpose and consideration therein expressed.

GIVEN under my hand and official seal this the _____ day of _____, _____ (Month) (Year) (SEAL)

 Signature of Notary Public County State

- **This form and form TRS 28 are to be sent with the report for the last month in which the faculty member is being reported to the Teacher Retirement System of Texas.**
- **Do not send a copy of this form if the faculty member has no deposits in the Teacher Retirement System.**

Part II

CERTIFICATION OF SCHOOL OFFICIAL

This is to certify that:

 Name Federal Tax or Social Security Number, a faculty

member at _____, is eligible and elected to participate in the Optional
Name of Institution

Retirement Program effective _____. The final deposit/or adjustment to the Teacher Retirement System

in the amount of _____ is included in the report for the month ended _____
 Date

 Signature of official responsible for payroll reports to the Teacher Retirement System