



Application for Refund

TRS 6 (09-17)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

Section 1 – Member Information

Name _____ Social Security Number _____

Address _____
 Street Address or PO Box Number City State Zip Code

Phone Number _____ Date of Birth _____

To be completed if your refund will be sent to a foreign address:

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, are you a resident alien of the U.S.? Yes No

If you answered no to both questions above, see page 2 of the *Requesting a Refund Instructions* (TRS6IN) for additional information regarding required federal income tax withholding.

Section 2 – Refund Election (select one)

Refund

I elect to have my TRS accumulated contributions paid directly to me. I understand that 20% of the taxable amount of my refund will be withheld for federal income taxes (provided the amount is greater than \$200.00). See page 2 of the *Requesting a Refund Instructions* (TRS6IN) for information on tax withholding if you are a non-U.S. citizen and a non-resident alien.

Direct Rollover

I elect to have all or a portion of my TRS accumulated contributions rolled over into an eligible retirement plan. I understand that TRS will provide me with an additional form if this option is selected. A *Refund Rollover Election* form (TRS6A) must be completed and returned to TRS.

Section 3 – Payment Method for Portion Not Being Rolled Over

Direct Deposit

I elect to have the portion of my refund being paid directly to me sent electronically to the financial institution listed below.

Name of Financial Institution _____

Account Type (must select one) Checking Savings

Bank Routing Number

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Account Number _____

The following declaration MUST be completed if you are requesting direct deposit.

Will this payment be transferred or forwarded outside of the United States?

No Yes If yes, to what country? _____
 Percentage to be transferred _____%

Check

I elect to have the portion of my refund paid directly to me sent to my mailing address as a paper treasury warrant.

Be sure to include your name and Social Security Number on both pages.



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Section 4 – Waiver of Benefits and Member Certification

I understand that receipt of this refund will terminate my TRS membership, cancel my TRS service credit and release TRS from any claim for other benefits potentially payable on my behalf including: Service retirement benefits payable as a monthly annuity for life, if I have at least five years of service credit; disability retirement benefits; active member death benefits to beneficiary payable upon my death; TRS-Care paid basic health insurance benefits available upon my retirement; transfer of service credit from/to the Employees Retirement System of Texas (ERS) if I have service credit in both TRS and ERS; and proportionate retirement benefits with certain other Texas public retirement systems.

I understand that if I have at least five years of service credit and I take a refund, I am forfeiting the right to receive a lifetime annuity that is computed based on my highest three or five annual salaries (depending on which membership tier I am currently in) and the number of years of service credit that I have.

Note: If you have at least five years of service credit and do not terminate your TRS membership, you can obtain information regarding the estimated service retirement benefits that you are eligible to receive when you reach retirement eligibility, by creating a retirement estimate through *MyTRS*, reviewing the retirement estimate included on your most recent annual statement, or by contacting TRS to request a retirement estimate.

In addition, I affirm the following:

- I have permanently terminated all employment with any TRS-covered employer(s), except for employment as a substitute,
- I do not have a contract or promise of employment nor have I applied for employment with any employer covered by TRS,
- I understand that if I return to TRS membership at a later date, I may be subject to a new membership tier and retirement eligibility requirements,
- I understand if I was employed in a TRS-covered position during the previous six-month period, TRS will contact my previous employer to confirm my date of termination,
- I received a copy of the *Requesting a Refund Instructions* (TRS 6IN) and the *Special Tax Notice Regarding Your Rollover Options Under the Teacher Retirement System of Texas*, and
- I understand that once I have made an election to roll over my refund and TRS has issued the distribution, my rollover is irrevocable and cannot be changed.

 Signature of Member or Retiree

 Date

STATE OF _____ COUNTY OF _____

On _____, _____ acknowledged this document before me
(date) (printed name of person whose signature appears above)
 a notary public.

 Signature of Notary Public

(SEAL)