



Service Retirement Application

Please complete this form and return all pages to TCDRS. You'll also need to provide a copy of your driver's license (or other government-issued photo ID). Once we receive your application and your driver's license, we will send you a confirmation.

YOUR INFORMATION

EMPLOYER NAME*			ACCOUNT NUMBER		
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*		
MAILING ADDRESS*		CITY*	STATE*	ZIP*	
EMAIL ADDRESS		HOME PHONE	MOBILE PHONE		

Have you been employed with more than one county or district? If so, please specify from which county/district you would like to retire, or select All Counties/Districts.

All Counties/Districts Specific County/District: _____

MARITAL STATUS: Married Single

RETIREMENT DATE

You cannot work for this TCDRS employer beyond your retirement date. Your benefit payments begin the last day of the following month of your retirement date. For example, if your retirement date is in March, your first monthly benefit payment will be issued on the last business day of April. You have until 6 months after your retirement date to submit your retirement application for retroactive payments from the intended date.

MEMBER RETIREMENT DATE (MM/YYYY)*

MONTHLY BENEFIT PAYMENT OPTIONS

All options provide you with a monthly payment for life. The difference between the options is the amount that is available for your beneficiary. Only check one box from the list below.

SINGLE LIFE PAYMENT OPTIONS	
<input type="checkbox"/> Single Life	This option provides the highest payment amount but all payments end after you pass away.
<input type="checkbox"/> 10-Year Guaranteed Term	Your beneficiary will only get payments if you pass away within 10 years of your retirement date.
<input type="checkbox"/> 15-Year Guaranteed Term	Your beneficiary will only get payments if you pass away within 15 years of your retirement date.
DUAL LIFE PAYMENT OPTIONS	
<input type="checkbox"/> 50% to Beneficiary	Your beneficiary will receive 50% of your monthly payment after you pass away.
<input type="checkbox"/> 75% to Beneficiary	Your beneficiary will receive 75% of your monthly payment after you pass away.
<input type="checkbox"/> 100% to Beneficiary	Your beneficiary will receive 100% of your monthly payment after you pass away.
<input type="checkbox"/> 100% to Beneficiary with Pop-up	Your beneficiary will receive 100% of your monthly payment after you pass away. If your beneficiary dies before you, your monthly payment will pop up to the higher Single Life benefit amount.

* **REQUIRED FIELDS**

Any corrections or whiteouts must be initialed.



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BENEFICIARY DESIGNATION

For the Single Life, 10-Year Guaranteed Term and 15-Year Guaranteed Term payment options, you can name as many beneficiaries as you would like and change your beneficiary at any time. Unless otherwise specified, benefits will be divided equally among all persons listed. If you are married and select one of these options, you'll need to complete the Spousal Consent section below. If you want to name a trust, estate or charity as your beneficiary, please call TCDRS Member Services at 800-823-7782 for more information.

For the 50%, 75%, 100% to Beneficiary and Pop-up options, you can only designate one beneficiary and cannot change your beneficiary. This is because these benefit amounts are based on your life expectancy and your beneficiary's life expectancy. If we cannot verify the age of your beneficiary, we will contact you.

PRIMARY BENEFICIARY

A primary beneficiary is the first person to receive any benefit that may remain after you pass away.

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU*	
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU*	
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU*	

ALTERNATE BENEFICIARY

An alternate beneficiary receives your benefit if your primary beneficiary is not eligible.

SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU*	
SSN*	FIRST NAME*	MIDDLE NAME	LAST NAME*
DATE OF BIRTH*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO YOU*	

SPOUSAL CONSENT

If you are married, your spouse's consent is needed if you selected a Single Life payment option or named someone other than your spouse if you selected a Dual Life payment option.

I certify that I am the spouse of the member. I understand that I have the right to be named as the sole beneficiary under a benefit option that would pay me a benefit for my lifetime. Nonetheless, I hereby give up my right to a lifetime benefit and give my consent to the option selection shown on this form and/or the beneficiary designation.

Spouse Signature X	Date
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INCOME TAX WITHHOLDING

Your benefit payments are considered taxable income. If you choose not to withhold taxes or don't withhold enough, you may have to pay a tax penalty to the IRS. If you need help choosing a withholding amount, please talk to a tax professional or contact the IRS. You may change your tax withholding at any time.

Option 1: Please withhold according to IRS withholding tables:

Marital Status: Married Single Married, but withhold at higher single rate

Number of Personal Exemptions: _____

(Optional): Please withhold the following extra amount from each monthly payment: \$ _____

Option 2: Do not withhold income tax from my monthly payment.

DIRECT DEPOSIT AUTHORIZATION

Your monthly benefit payment will be directly deposited into your bank account on the last business day of each month.

FINANCIAL INSTITUTION*	ROUTING NUMBER*	ACCOUNT NUMBER*	ACCOUNT TYPE* <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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TERMS OF RETIREMENT

Please certify you understand the terms of your retirement.

I understand my retirement will be canceled if I have a commitment from my current employer to be rehired. Additionally, I understand my retirement will be canceled if I return to work for my current employer in the month following my retirement. I certify my retirement date as what is shown on this application.

I cannot change my benefit payment option after I start receiving benefits. I certify that my selection on this form is the benefit payment option I have chosen.

I understand that upon my retirement date all previous beneficiary designations, including those for Group Term Life benefits (if applicable), are revoked and the beneficiaries named in this application will be effective. I request that any payments due upon my death after retirement be paid to the person(s) named on this application. All benefits will be divided equally among beneficiaries if I named more than one unless otherwise noted.

For the financial account referenced above, I authorize the Texas County & District Retirement System (TCDRS) to deposit my monthly benefit payments electronically into my bank account. I also authorize TCDRS to make any adjustments to my account to correct any transactions made in error. This authorization shall remain in effect until I notify TCDRS to discontinue this payment method. I authorize the financial institution named above to disclose to TCDRS at any time my address and contact information, as well as the names and addresses of all joint owners, signatories, beneficiaries or other persons associated with the above referenced account if I pass away.

To complete this application:

1. Send us a copy of your driver's license (or other government photo ID).
2. Return all pages of this form.

Your Signature*	Date*
X	

You can upload this form and your photo ID when you sign in to your account at www.TCDRS.org.

* REQUIRED FIELDS

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