



Service Retirement Application

TCDRS-22
Revised
06/2003

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Member Information

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Mailing Address			County/District Employer Name(s)	
City	State	Zip Code	Job Title	
Home Phone Number:		Work Phone Number:		E-mail Address
<p>Do you have service with another retirement system to use toward qualifying for retirement? If so, please indicate which system:</p> <p> <input type="checkbox"/> Teacher Retirement System of Texas <input type="checkbox"/> Texas Municipal Retirement System <input type="checkbox"/> City of Austin Retirement System <input type="checkbox"/> Employees Retirement System of Texas <input type="checkbox"/> Judicial Retirement System of Texas </p>				
<p>Have you been employed with more than one county or district? If so, please specify which county/district from which you would like to retire or select All Counties/Districts.</p> <p> <input type="checkbox"/> Specific County/District _____ <input type="checkbox"/> All Counties/Districts </p>				

This document must:

- Be received in the TCDRS office **by the effective retirement date**; and
- Be completed and signed by the member and certified by a person authorized by the county/district.

Applications not received at TCDRS by the requested retirement date cannot be processed for that date

Note: TCDRS will send a confirmation letter within two weeks of receipt of this application. Please call TCDRS to confirm receipt of this application by our office if you have not received this confirmation or if you submit your application less than two weeks before your effective retirement date.

Member Certification

I hereby apply for service retirement benefits in accordance with the provisions of Subtitle F, Title 8, Texas Government Code to become effective on the last day of _____, 20_____.	
Member's Signature (By signing this form, I certify that I have read both sides of this application.)	Date
X	

Employer Certification

I certify that the above named applicant's employment with this county/district has or will terminate on the _____ day of _____, 20_____.	
Name of Person Authorized to Sign TCDRS Forms	Signature of Person Authorized to Sign TCDRS Forms
	X
Title	Date

Any corrections or whiteouts must be initialed.

TCDRS • PO Box 2034 Austin, TX 78768-2034 • (512) 328-8889 or 800-823-7782 • Fax: (512) 328-8887 • www.tcdrs.org