

Application for Service Retirement

TRP30 (09-16)

TEACHER RETIREMENT PENSION
1XXX RED RIVER STREET, AUSTIN TEXAS 78701
TELEPHONE (512) 542-XXXX OR 1-800-223-XXXX

SECTION D SIGNATURE

Your signature is required to complete this application for service retirement. TRP must receive the original document and will not accept a copy of your signature.

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 designation 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 TRP, provided it is received before my death.

A blank designation of beneficiary on a TRP 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 our death.

Signature Ethel Educator Date 1/22/2018

State of Texas County of Harris

On January 22, 2018 Ethel Educator acknowledged this document before me a notary public.
(date) (members printed name)

Kyle A. Sadler
Signature of Notary Public