

**Retirement Application
for Service or Early
Retirement Benefits**

TENNESSEE CONSOLIDATED RETIREMENT SYSTEM
502 Deaderick Street
Nashville, Tennessee 37243-0201
1-800-770-8277 <http://tcrs.tn.gov>



Refer to pages 5 and 6 for detailed instructions.
Do NOT complete this form if you are applying for disability retirement benefits.

Section 1. Member Information

To be completed by the Applicant.

Member SSN	<input type="text"/>	Date of Birth	<input type="text"/>
Full Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Email	<input type="text"/>	Home Phone	<input type="text"/>
Last Employer (Department or Institution Name)	<input type="text"/>		
Title of Position	<input type="text"/>	Date Employment Terminated	<input type="text"/>
Date of Retirement	55th Birthday Day After Last Paid Day	60th Birthday Other	<input type="text"/>

Section 2. Payment Plan Election

You may choose only one payment plan. *Selecting more than one payment plan will result in the application process being delayed.*

SINGLE LIFE ANNUITY PLANS - Any remaining balance of your accumulated contributions and interest will be paid to the surviving designated beneficiary in a lump sum in the event of your death.

REGULAR/MAXIMUM PLAN - Monthly benefit payable to you for your lifetime with all benefits ceasing at death.

SOCIAL SECURITY LEVELING - An increased benefit until you reach age 62. Beginning the month after your 62nd birthday, your benefit from the TCRS will be reduced, at which time you will also become eligible for Social Security benefits. This benefit will be payable to you for life with all benefits ceasing at death. This retirement plan requires a benefit estimate from the Social Security Administration that has been done within a year of your date of retirement from TCRS.

SURVIVOR OPTIONS- Your monthly benefit will be reduced from the regular/maximum plan. In the event of your death, your designated beneficiary will receive:

OPTION I - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced monthly allowance will remain the same.

OPTION II - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your reduced allowance will remain the same.

OPTION III - Monthly benefits equal to yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.

OPTION IV - Monthly benefits equal to 50% of yours for your beneficiary's lifetime. Should your beneficiary die before you, your allowance will revert to the amount you would have received under the Regular/Maximum plan.

Section 3. Beneficiary Information

As recipient of the benefit plan selected in Section 2, I designate the following beneficiary (**one beneficiary or estate required regardless of plan selected**). If no beneficiary is selected, TCRS will assume a beneficiary election of Estate if you choose a single-life annuity plan.

Full Name	<input style="width:90%;" type="text"/>		
Mailing Address	<input style="width:90%;" type="text"/>		
City	<input style="width:80%;" type="text"/>	State	<input style="width:50%;" type="text"/>
		Zip Code	<input style="width:50%;" type="text"/>
Beneficiary's Date of Birth	<input style="width:30%;" type="text"/>	Beneficiary's SSN	<input style="width:30%;" type="text"/>
Relationship to TCRS Member	<input style="width:30%;" type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Section 4. Withholding Selection (select one)

A.	I elect NOT to have income tax withheld from my pension. <i>Do not complete lines B or C if you choose this selection.</i>
B.	I want the following TOTAL amount withheld from each payment <input style="width:15%;" type="text"/> OR I want the following PERCENTAGE withheld from each payment <input style="width:15%;" type="text"/> <i>Do not complete lines A or C if you choose this selection.</i>
C.	I want my withholding from each payment to be figured using the following filing status and exemptions: Filing Status Single Married Married, but withholding at a higher single rate Total Exemptions Claimed <input style="width:15%;" type="text"/> In addition to the calculated deduction based on filing status and exemptions, I want the following additional amount withheld from each pension payment <input style="width:15%;" type="text"/>

Section 5. Member Signature

Under the penalties of perjury, I attest that as of the date of this application for retirement benefits, I am either a United States citizen or a qualified alien as described by 8 U.S.C. § 1641 (b). I acknowledge and understand that should I knowingly and willfully make a false, fictitious, or fraudulent statement or representation relative to my citizenship or immigration status, or conspire to defraud the state by securing a false claim allowed or paid to another person, I shall be liable under either The Tennessee Medicaid False Claims Act pursuant to Tenn. Code Ann. §71-5-181 – §71-5-185 or The False Claims Act pursuant to Tenn. Code Ann. §4-18-101 - §4-18-108 and may have a criminal action brought against me alleging a violation of 18 U.S.C. §911, which provides that whoever falsely and willfully represents himself to be a citizen of the United States shall be fined under this title or imprisoned not more than three (3) years, or both.

I also acknowledge that I have attached documentation proving said citizenship. Please see Section 5 instructions on pages 5 and 6 for a complete list of acceptable documentation.
Note, photocopies of the documents are acceptable, and any document submitted will not be returned to you.

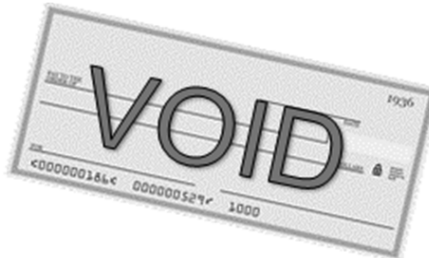
Member Signature <input style="width:95%;" type="text"/>	Date <input style="width:95%;" type="text"/>
--	--

Section 6. Direct Deposit Information

Type of account Checking Savings Financial Institution

Routing Number Account Number

If you want your benefit directly deposited into a checking account, tape a voided, preprinted check in this box. You may cover the text with the voided check.



PLEASE NOTE: TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.

Section 7. Employer Certification

This section must be completed by official department payroll personnel. If member has been out of service for more than 60 days, complete only sections F and G below.

A. **Member's last paid date of service, annual leave, or sick leave:**

Please list all individual payroll periods that the employee will be paid on for his/her last two months of service. If any salaries are estimated, indicate by marking "(Est)", and provide the actual payroll information as quickly as possible. Any longevity payments or career ladder payments should be itemized along with any payments made for sick leave, annual leave, vacation time, bonus pay, etc.

Breakdown of Final Salary

B.	Month	Payroll Period	Type of Payment	Amount	Employee Contributions
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Please indicate the total salary for the current year and the portion of the year the salary represents.
 Current year salary: Number of months included:

D. The service represented is: Full time Part time (percentage worked:)

E. The member is paid on:
 Fiscal year (July 1-June 30) Academic year (September 1-August 31)
 Calendar year (January 1-December 31) Other:

F. For those members who work less than 12 months per year, indicate the total number of days worked this year:
 A full year consists of: 180 days 200 days 220 days Other:

G.	Please certify the unused sick leave this member had remaining effective <input type="text"/>	
	<i>For employees who are Fire and Police, only certify days.</i>	
	Days: <input type="text"/>	OR Hours: <input type="text"/>
	How many sick days did the employee accrue annually over the last 3 years?	This year: <input type="text"/> Last year: <input type="text"/> Prior Year: <input type="text"/>
Employer Signature: <input type="text"/>		
Employer Name (please print): <input type="text"/>		
Employer Address: <input type="text"/>		
Department: <input type="text"/>		
Email: <input type="text"/>		Phone number: <input type="text"/>

When to File an Application for Retirement

Your application for retirement should be forwarded to TCRS **60 to 90 days** prior to your last paid day of service. The last paid day of service is either your last day of employment or the last day for which you are paid annual and/or sick leave. Your application cannot be filed more than 150 days prior to your last paid day of service. The appropriate form for continuation of medical insurance should accompany your retirement application. For eligibility requirements and questions regarding the continuation of insurance, please contact Benefits Administration at 800-253-9981.

Directions for Completing

Section 1-The date employment terminated is the last working day (including all annual and/or sick days) for which you are paid. The effective date of retirement is the day immediately following the last paid day or the first day of eligibility for benefits (i.e. 60th birthday). Payment will be made retroactive to your date of retirement not to exceed 150 days prior to receipt of the application in our office.

Section 2-You must select one benefit plan. If you choose the Social Security Leveling Plan, a certified estimate from the Social Security Administration of your Social Security benefits payable at age 62 must accompany your retirement application. This estimate should not be dated more than one year prior to filing your retirement application. Forms to obtain the proper type of Social Security estimate must be obtained from the Social Security Administration at 800-772-1213 or your local Social Security office.

Section 3-If you select the Regular/Maximum Plan or Social Security Leveling, you may designate one individual or your estate as beneficiary. If you select Option I – IV, you must designate one individual as beneficiary. **Proof of this beneficiary's birth date should be included.**

Section 4-TCRS benefits are subject to federal taxation. However, it is your choice whether to have federal income tax withheld from your TCRS pension. Before completing Section 4, please consult your tax preparer regarding the correct filing status and number of exemptions for your monthly pension. If you leave this section blank, we will automatically assign a status of married with three exemptions.

Section 5-If you are a United States citizen and are applying for retirement benefits from TCRS through the submission of this application, you must provide one (1) of the following:

- a valid driver's license or photo identification license issued by the Tennessee Department of Safety or a valid driver's license or photo identification license from another state where the issuance requirements are at least as strict as those in Tennessee, as determined by the Department of Safety;
- an official birth certificate issued by the United States or any of its territories; however, Puerto Rican birth certificates issued before July 1, 2010 shall not be recognized;
- a United States government-issued certified birth certificate;
- a valid, unexpired United States passport;
- a United States certificate of birth abroad (DS-1350 or FS-545);
- a report of birth abroad of a United States citizen (FS-240);
- a certificate of citizenship (N560 or N561);
- a certificate of naturalization (N550, N570 or N578);
- a United States Citizen identification card (I-197, I-179);
- any successor document to six items listed above; or
- a social security number that the Department may verify with the Social Security Administration.

If you are a "qualified alien" and are applying for retirement benefits from TCRS through submission of this application, you must provide two (2) forms of documentation of identity and immigration status as determined by the United States Department of Homeland Security to be acceptable for verification through the Systematic Alien Verification for

Entitlements (“SAVE”) program (for the definition of a "qualified alien", please refer to 8 U.S.C. §1641). Common types of documents used to establish immigration status include, but are not limited to the following:

- I-327 (Reentry Permit);
- I-551 (Permanent Resident Card or “Green Card”);
- I-571 (Refugee Travel Document);
- I-766 (Employment Authorization Card);
- Machine Readable Immigrant Visa (with Temporary I-551 language);
- Temporary I-551 stamp (on passport or I-94);
- Unexpired foreign passport;
- WT (visitor for business)/WB (visitor for pleasure) Admission Stamp in unexpired foreign passport;
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status – “student visa”); or
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status).
- Common types of documents used to establish identity include, but are not limited to the following:
 - Driver’s license;
 - Identification card with photograph issued by federal, state or local government agencies or entities;
 - School identification card with photograph;
 - Voter’s registration card;
 - United States military card or draft record;
 - Military dependent’s identification card;
 - United States Coast Guard Merchant Mariners Document (MMD) Card;
 - Native American tribal document; or
 - Driver’s license issued by a Canadian government authority.

Please note, photocopies of the above-referenced documents are acceptable. Documents submitted will not be returned to you. Your application must be signed and dated to be valid.

Section 6-Please attach a voided check OR provide your savings account information. As required by state law, TCRS monthly benefits will be deposited directly to the checking or savings account indicated on your retirement application. Payments will be available on the last working day of each month. You will be notified in writing of any changes made to the amount of your net benefit. All correspondence and year-end statements will be mailed to your home address. **TCRS will no longer issue monthly retirement benefits by check after March 2013. If TCRS has not received your authorization to direct deposit your benefit payment by March 2013, a debit card will be issued and mailed to your home address and all future TCRS benefit payments will be made by adding your monthly benefit to the debit card balance.**

Section 7-Submit your signed application to your employer to complete Section 7. Upon completion, the application should be returned to the Tennessee Consolidated Retirement System. If you have been out of service for more than 60 days, Items A-F Section 7 do not need to be completed; however, in order for you to be properly credited with your unused sick leave, Item G must be certified by your employer.

Acknowledgement-All applications will be acknowledged by letter after we receive them. If you do not receive an acknowledgment letter within two weeks, please contact Member Services at 800-770-8277.

If you should return to service on a part-time or full-time basis with an agency covered by the retirement system, you should notify TCRS to avoid an overpayment of retirement benefits.