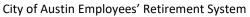


REQUEST FOR CALCULATIONS

If you would like COAERS staff to perform calculations on your behalf, then provide that information to you, complete and submit this form.

First Name Middle		le Name		Last Name		Social Secu	rity Number-last 4				
Mailing Address			City			State	Zip Code				
Date of Birth Primary Phone						Alternate Phone					
Email Address											
	with another Text COAERS retireme						AERS and wish it to be ce before using it for				
Name of Retirement System(s) for which you want Proportionate Service Credit											
	Austin Police Retirement System					aso City Employees' Pension Fund					
Employee	Employees' Retirement System of T				l Paso Firem	en & Policemen	n & Policemen's Pension Fund				
Texas Mu	nt System	Judicial Retires			ement Systems o	nent Systems of Texas I and II					
Texas Cou	tirement Sy	ystem Teachers Ret			rement System of Texas						
Travis Cou	Travis County Healthcare District										
NO: I do not have service with another Texas retirement system, or I am not declaring it to COAERS for use towards my eligibility for benefits. QUALIFIED DOMESTIC RELATIONS ORDER DISCLOSURE - Initial one of the choices below. NO: My benefits are not subject to a Qualified Domestic Relations Order (QDRO). YES: A Qualified Domestic Relations Order (QDRO) exists and is on file with COAERS or is in progress. ESTIMATED/ACTUAL TERMINATION DATE: REQUESTED RETIREMENT DATE: DESIGNATION OF SURVIVOR - I designate the following person as my survivor.											
First Name	Middle Na	ime		Last Name							
Date of Birth		Relationship									





REQUEST FOR CALCULATIONS

FORM OF BENEFIT PAYI	MENT SELEC	TION - Choose o	ne of the fo	ur options below	by che	cking the b	ox and o	completing	the required		
Immediate Annu	ity			begin on the last of Lump Sum, or a De			owing my	y retirement	date. I am not		
BackDROP Imme	I have elected to receive a Backward Deferred Retirement Option Payment (BackDROP) as well as an immediate annuity. The BackDROP payment will be issued at the time of my first annuity payment.										
		My BackDROP period will bemonths.									
Partial Lump Sum Annuity	ı Immediate	I have elected to receive a Partial Lump Sum payment as well as an immediate annuity. The Partial Lump Sum payment will be issued at the time of my first annuity payment and is subject to a limit.									
		My Partial Lump Sum payment will be \$									
Partial Lump Sum Annuity	n Deferred	I have elected to receive a Partial Lump Sum payment and defer the start of my annuity until date. The Partial Lump Sum payment will be issued the last working day of the month after my retirement date.									
		My Partial Lump Sum payment will be \$									
	nverting my e	eligible accrued s	sick leave to	es below. creditable retire ve to creditable r							
Insurance:	Converting	my engible accit	ieu sick ieav	re to creditable in	eurenie	ent service.					
	НМО	PPO		CDHP w/ HS	SA	Vision	Denta	al HMO	Dental PP		
Retiree only											
Retiree and Spouse											
Retiree and Family			10								
Retiree w/ Medicare	□ yes	⊔ no		pouse w/ Medi		□ yes □ no					
Retiree w/ Tobacco	□ yes □ no		s	Spouse w/ Tobacco			□ yes □ no				
Tax Withholding:											
Filing Status:	☐Single or Married filing separately			☐ Married filing jointly			☐ Head of Household				
Dependents:	Number un of age:	ider 18 years		Number over 18 years of age:							
Extra withholding red	quested:			Yearly income			ces:				
SIGNATURE: I understa The information that w to provide any express COAERS based upon the necessary. COAERS do person or entity relying	vill be contai ed or implie ne law and p nes not guara	ined in the estin d right or benef olicies in effect antee the result	nate is not fit. The act at the time	to be construed ual determinatio of that determi	in any on of m nation	way as a p ny eligibility and is subj	romise and be ect to a	or contracenefits will and re	t with COAERS be made by ecalculation if		
Member Signature						Date					