



TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA

PO BOX 53524 OKLAHOMA CITY, OKLAHOMA 73152

LOCAL: (405) 521-2387 TOLL FREE: (877) 738-6365

PRE-RETIREMENT INFORMATION VERIFICATION

Please submit this cover letter and checklist of the forms and documents enclosed with this request

MAIL TO: Teachers' Retirement System of Oklahoma
Attn: Member Services
PO Box 53524
Oklahoma City, OK 73152-3524

I submit this request and documentation for the purpose of retirement planning. This is neither an official application for retirement nor an official designation of beneficiary or joint annuitant. I understand that documentation must be provided for the information to be included in the calculation of estimate or projection of retirement benefits.

If it has been over twelve (12) months since a Pre-Retirement Information Verification (Form 3) or Verification of Sick Leave (Form 6) has been submitted to the Teachers' Retirement System of Oklahoma, then a new/revised form and sick leave verification must be submitted. **If proof-of-birth documents or marriage license were previously submitted, it is not necessary to submit these documents again unless marital status has changed or I am requesting calculations for a different joint annuitant.**

Please find the following form and documentation enclosed with this request:

- _____ Pre-Retirement Information Verification (Form 3)
- _____ Copy of member's proof of birth (**mandatory**)
- _____ Copy of Joint Annuitant's proof of birth (*required to receive calculations of benefits for the one person named to receive lifetime benefit upon death of member*)
- _____ Copy of marriage certificate or license (*if married to Joint Annuitant*)
- _____ Verification of 120 days of accrued/unused sick leave (Form 6)

I understand if I am over twelve (12) months from normal retirement eligibility, I may receive a multi-year retirement projection. However, if I am within twelve (12) months from my requested retirement date or normal retirement eligibility, I may receive an estimate packet entitled *Application to Retire*. I understand that if I wish to pursue retirement, I must complete the *Application to Retire* packet and submit the forms within the designated timeline to receive an official retirement contract packet (which also must be completed and submitted for retirement).

Signature of Member: _____ **Date:** _____

Printed Name of Member: _____ **SS# (last 4 digits):** _____



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Member Information:

Name _____		Social Security Number _____	
Mailing Address (Street, City, State, Zip) _____			
Date of Birth _____		Email Address _____	Daytime Phone _____
Member Proof of Birth Required: Please enclose a copy of your proof of birth from the following list (no originals)			
-- Valid State issued driver's license		-- Valid State or Federal issued ID	
-- U.S. Passport (current or expired)		-- State issued birth certificate	
<input type="checkbox"/> My proof of birth is enclosed		<input type="checkbox"/> My proof of birth was previously submitted	

Joint Annuitant: (One person who could potentially continue to receive a lifetime monthly benefit upon member's death)

Name _____		Date of Birth _____	Relationship _____
Please enclose a copy of your joint annuitant's Proof of Birth (from list above) to receive joint annuitant calculations.			
Please enclose a copy of marriage license if your joint annuitant is your legal spouse .			
<input type="checkbox"/> Joint annuitant's proof of birth is enclosed		<input type="checkbox"/> Joint annuitant's proof of birth previously submitted	
<input type="checkbox"/> Marriage license is enclosed		<input type="checkbox"/> Marriage license previously submitted	<input type="checkbox"/> Joint annuitant is not spouse

Retirement Date:

<input type="checkbox"/> Please send a multi-year retirement projection
<input type="checkbox"/> At the end of the current school or fiscal year
<input type="checkbox"/> Soonest available date (May include early reduced benefits)
<input type="checkbox"/> Other Specific Date: _____/_____/_____

Employment Status:

<input type="checkbox"/> Inactive: I am not currently employed with an Oklahoma public education employer. Date of separation: _____/_____/_____			
<input type="checkbox"/> Active:			
Anticipated last physical day on the job (including summer school/adjunct): _____/_____/_____			
Current Employer(s)	Position	Hrs. per week	Months per yr. (worked)
_____	_____	_____	_____

Sick Leave:

Do you have 120 days of unused sick leave?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
If YES, please enclose a copy of pay stub or current leave statement. <u>Sick Leave will not be used if verification not attached.</u>

Signature _____

Date _____

Retirement application will not be processed until all supporting documents are received.



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TIMELINE FOR RETIREMENT

TO RETIRE ON	Pay Bill Balances, Submit Form 3 or Request Revised Estimates No Later Than	Submit Application to Retire and Employer Retirement Verification No Later Than	Submit Retirement Contract, Tax Withholding, and Direct Deposit Forms No Later Than	Last Day of Active Employment No Later Than	First Retirement Payment Deposited On
January 1	October 1	November 1	December 1	January 10	February 1
February 1	November 1	December 1	January 1	February 10	March 1
March 1	December 1	January 1	February 1	March 10	April 1
April 1	January 1	February 1	March 1	April 10	May 1
May 1	February 1	March 1	April 1	May 10	June 1
June 1	March 1	April 1	May 1	June 10	July 1
July 1	April 1	May 1	June 1	July 10	August 1
August 1	May 1	June 1	July 1	August 10	September 1
September 1	June 1	July 1	August 1	September 10	October 1
October 1	July 1	August 1	September 1	October 10	November 1
November 1	August 1	September 1	October 1	November 10	December 1
December 1	September 1	October 1	November 1	December 10	January 1
Retirement date falls on the first day of each month. The age of member within the first ten days of the month is accepted by TRS as the member age on the first day of the month (i.e. on birthday of July 10 member is age 55, TRS accepts member as age 55 on July 1).	Submit a Pre-Retirement Information Verification (Form 3) and requested documentation to receive a retirement estimate. After a Form 3 is on file, revised estimates may be requested following the same timeline. After Form 3 submission or member request, one of the following will be mailed to you: Projection: Includes a range of several years and is provided if requested retirement date is more than 1 year into the future. Hypothetical Estimate: Includes unpaid service and billings and any other hypothetical possibility than can affect retirement. Cannot be used to begin the retirement process. Application to Retire: Used to begin the retirement process. The ATR cannot include unpaid balances.	The Application to Retire (ATR) is signed and will designate choice of retirement plan and partial lump sum option. The ATR must be signed by both member and spouse (if married). A Retirement Contract packet will be mailed after ATR has been received. The Employer Retirement Verification is to be completed by the employer.	The signed & notarized Retirement Contract, Tax Withholding, and Direct Deposit forms are due to TRS no later than 30 days prior to retirement. PLSO Distribution Election form can be submitted at any time. Benefit payments may be adjusted after final remittances are received.	If member's last day of work is no later than the tenth day of the month, the member may retire the first day of the same month. However, if you qualify for the 90-day (75%) round up provision, then employment must terminate at the end (last day) of the final contract year. Terminating employment before or after last day of final year disqualifies this provision.	The first benefit payment is direct deposited to the member's account one month after the retirement date. Benefits are paid in arrears the first day of following month. (i.e. January retirement benefit -- minus taxes and health insurance for the month of January-- is direct deposited to member's account February 1.)