



# Election to Participate in Optional Retirement Program and/or Refund

TRS28 (09-16)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

## Section 1 - Member Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

To be completed if your refund will be sent to a foreign address:

Are you a U.S. citizen? ☐ Yes ☐ No

If you are not a U.S. citizen, are you a resident alien of the U.S.? ☐ Yes ☐ No

If you answered no to both questions above, see page 1 of the *Information Sheet for ORP Election and/or Refund* (TRS28IN) for additional information regarding required federal income tax withholding.

## Section 2 – Prior Optional Retirement Program Election Information

Have you previously elected the Optional Retirement Program in lieu of TRS? ☐ Yes ☐ No

If yes, institution name \_\_\_\_\_ dates of employment \_\_\_\_\_

If yes, you are not eligible to elect ORP a second time.

## Section 3 – Member Election

☐ I elect to participate in the Optional Retirement Program (ORP) established under Chapter 830, Texas Government Code, in lieu of membership in the Teacher Retirement System of Texas (TRS). I understand that by this election I will not be eligible for membership in TRS unless I cease to be employed by an institution of higher education and become employed by the Texas public school system other than in an institution of higher education. I further understand that by electing ORP, I forfeit all accrued rights to benefits from TRS, if any, including benefits based on TRS service credit accrued prior to this election. I am entitled only to a refund of my TRS accumulated contributions, if any. **I understand this election is irrevocable.**

## Section 4 – Refund Election (select one)

☐ **Refund** I elect to have my TRS accumulated contributions paid directly to me. I understand that 20% of the taxable amount of my refund will be withheld for federal income taxes (provided the amount is greater than \$200.00). See page 2 of the *Information Sheet for ORP Election and/or Refund* (TRS28IN) for information on tax withholding if you are not a U.S. citizen or resident alien of the U.S.

☐ **Direct Rollover** I elect to have all or a portion of my TRS accumulated contributions rolled over into an eligible retirement plan. I understand that TRS will provide me with an additional form if this option is selected. A *Refund Rollover Election* form (TRS6A) must be completed and returned to TRS.

☐ **No Refund** I elect to leave my accumulated contributions with TRS. I understand that I forfeit all accrued rights to benefits based on my TRS service credit accrued prior to my election to participate in ORP, if any, by electing ORP in lieu of TRS. I understand that I can apply for a refund at a later date.

**Be sure to include your name and Social Security Number on all 3 pages.**

Teacher Retirement System of Texas

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## Section 5 – Payment Method for Portion Not Being Rolled Over

☐ **Direct Deposit** I elect to have the portion of my refund being paid directly to me sent electronically to the financial institution listed below.

Name of Financial Institution \_\_\_\_\_

Account Type (must select one) ☐ Checking ☐ Savings

Bank Routing Number

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Account Number \_\_\_\_\_

**The following declaration MUST be completed if you are requesting direct deposit.**

Will this payment be transferred or forwarded outside of the United States?

☐ No ☐ Yes If yes, to what country? \_\_\_\_\_

Percentage to be transferred \_\_\_\_\_%

☐ **Check** I elect to have the portion of my refund paid directly to me sent to my mailing address as a paper treasury warrant.

## Section 6 - Member Certification and Signature

I acknowledge that I have received a copy of the *Information Sheet for ORP Election and/or Refund* (TRS 28IN) and the *Special Tax Notice Regarding Your Rollover Options Under TRS*, and that I have 30 days from receipt of the notice to consider my decision of whether to elect a direct rollover of my distribution of accumulated contributions. I understand that once I have made an election to roll over my refund and TRS has issued the distribution, my rollover is irrevocable and cannot be changed.

\_\_\_\_\_  
Signature of Member or Retiree

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ acknowledged this document before me  
(date) (printed name of person whose signature appears above)

a notary public.

\_\_\_\_\_  
(SEAL)

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## Section 7 - Employer Certification

**This is to certify that the above named individual is eligible and has elected to participate in the Optional Retirement Program in lieu of membership in the Teacher Retirement System of Texas.**

Name of Institution of Higher Education \_\_\_\_\_

TRS Reporting Entity Number \_\_\_\_\_

Effective Date of Election \_\_\_\_\_

Date First Eligible to Elect ORP \_\_\_\_\_

ORP Eligibility Notification Date \_\_\_\_\_

Report Month/Year for Final Deposit to TRS \_\_\_\_\_

Printed Name of Reporting Official \_\_\_\_\_

Title of Reporting Official \_\_\_\_\_

Signature of Reporting Official \_\_\_\_\_

Date \_\_\_\_\_