

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM SRA: SERVICE RETIREMENT APPLICATION**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE

| 1. MEMBER INFORMATION | | | |
|---|--------------------------------------|-------------------------------------|----------------------------|
| NAME (Last, First, MI) | | SOCIAL SECURITY NO. | |
| ADDRESS | | DATE OF BIRTH (mm/dd/yyyy) | |
| CITY, STATE, ZIP | | CURRENT AGE | |
| DEPARTMENT NAME | | PHONE NO. | |
| EMAIL ADDRESS | | | |
| 2. MARITAL STATUS | | | |
| MARITAL STATUS | SPOUSE NAME (Last, First, MI) | SPOUSE'S SOCIAL SECURITY NO. | SPOUSE'S BIRTH DATE |
| | | | |
| 3. FINANCIAL INSTITUTION - ROUTING AND ACCOUNT NUMBER | | | |
| TYPE OF ACCOUNT (Please check account type) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | |
| BANK'S ROUTING NUMBER | | | |
| YOUR ACCOUNT NUMBER | | | |
| FINANCIAL INSTITUTION'S NAME | | | |
| 4. AUTHORIZATION FOR SETUP AND TO START RETIREMENT APPLICATION | | | |
| <p>BY SIGNING THIS FORM, I certify that the information provided is correct and that I am eligible to receive benefits as provided by the Chapter 308 of TESRS Rules.</p> <p>Pursuant to <i>Section 403.016</i>, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p> <p>I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers, as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.</p> | | | |
| Authorized Signature of Applicant | | | Date |
| X | | | |



TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
P.O. BOX 12577 AUSTIN TEXAS 78711 (800) 919-3372 FAX (512) 936-3480
www.tesrs.texas.gov email to: info@tesrs.texas.gov

FORM SRA REVISED 08-04-2017

**Received at TESRS
APPLICATION DATE**