

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

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL FORM AND A COPY OF DRIVER'S LICENSE OR STATE ID TO THE ADDRESS AT THE BOTTOM OF THE PAGE.

Failure to include your email address and a photocopy of your Driver's License or State ID will result in delays in the processing of your application.

1. MEMBER INFORMATION			
NAME (Last, First, MI)		SOCIAL SECURITY NO.	
ADDRESS		DATE OF BIRTH (mm/dd/yyyy)	
CITY, STATE, ZIP		CURRENT AGE	
DEPARTMENT		PHONE NO.	
EMAIL			

2. MARITAL STATUS			
MARITAL STATUS	SPOUSE NAME (Last, First, MI)	SPOUSE'S SOCIAL SECURITY NO.	SPOUSE'S BIRTH DATE

3. PAYMENT BY ELECTRONIC TRANSFER (BENEFIT AMOUNT OVER \$100.00 MUST INCLUDE DIRECT DEPOSIT INFORMATION)	
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electronic transfers, as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.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
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