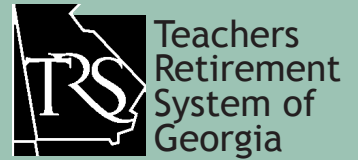


Waiver of "65/40" Mandatory Requirements



As provided for in Section 47-3-41 of Georgia Law, I hereby elect to continue contributing to the Teachers Retirement System of Georgia (TRS). As a result of this waiver, I agree to allow employee contributions to be withheld from my salary by my employer.

I understand that this waiver may be revoked only at the expiration of a school or contract year and then only upon written application by me through my employer to the Board of Trustees of the TRS. I further understand that no additional credit for years of service for retirement benefits will accrue to my account beyond a total of forty (40) years and that retirement credit for salary only will be given for those years over forty (40) for which I have made the necessary contributions.

With the approval of this waiver, and if applicable, I agree to pay retroactive contributions and interest for each year preceding the effective date of this waiver that I was an active member and during which time I did not make contributions. I further understand that any contributions that I have made or will make as a result of this waiver are not subject to refund should I revoke this waiver at a later date unless I withdraw my total contributions and interest in lieu of accepting retirement benefits.

▼ To Be Completed by Member -- *please print clearly*

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Social Security Number

Last Name

First Name

Middle Initial

Member's Signature

Date

▼ To Be Completed by Employer -- *please print clearly*

I hereby acknowledge receipt of this waiver and agree to withhold and report the necessary contributions relating to this member's salary to TRS.

Reporting Employer's Name

Approving Authority's Signature

Date

Authority's Printed Name

Title



T R S - W C - 1