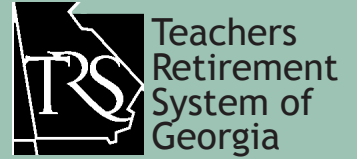


# Declining Service Purchase



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

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Social Security Number

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

I acknowledge to the Teachers Retirement System of Georgia (TRS) that I do not wish to make any additional service purchases for which I may be eligible. By signing this statement, I understand my decision is irrevocable.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Please fax this completed form to the TRS office at (404) 352-4885.**

\*SPDECLINE\*