

# Election to Discontinue Monthly Contributions



Teachers Retirement System of Georgia

As provided for in Section 47-3-41 of Georgia Law, I hereby elect to cease contributions to the Teachers Retirement System of Georgia (TRS) at the end of the school year in which I complete forty (40) or more years of creditable service.

I understand that by executing this document, any salary received after the effective date of the request will not be considered in determining my retirement benefits.

I understand that this request is irrevocable.

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 request and agree to no longer withhold and report any employee contributions relating to this member's salary to the Teachers Retirement System of Georgia.

\_\_\_\_\_  
Reporting Employer's Name

\_\_\_\_\_  
Approving Authority's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authority's Printed Name

\_\_\_\_\_  
Title



T R S - D C - 1