

# TEACHERS' RETIREMENT SYSTEM

479 Versailles Road, Frankfort, Kentucky 40601-3800, 502-848-8500, Fax 502-848-8599

## REQUEST FOR ESTIMATE OF RETIREMENT BENEFITS

### MEMBER INFORMATION

Last Name	First	Home #	Cell #
Current Mailing Address		City/State/ZIP	
TRS Member ID or Last 4 Digits of Social Security #	Date of Birth	Email	

All sections must be completed to receive an estimate from TRS.

Who is Your Beneficiary? <i>(Select ONLY One)</i>	Beneficiary's Name	Beneficiary's Date of Birth <i>(Month/Day/Year)</i>
<input type="checkbox"/> Your Spouse <input type="checkbox"/> Other		

Projected Date(s) of Retirement <i>(i.e. July 1, 2013)</i>	Number of Sick Leave Days by Each Projected Date of Retirement
1.	
2.	
3.	
Comments or Questions:	

