



# City of Austin Police Retirement System

## Active Member Proportionate Service Credit Application

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please check the box(es) indicating the system(s) in which you are a current active member. APRS will verify your account status with the system(s) that you indicate.

**City of Austin Employees' Retirement System**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Employees' Retirement System of Texas**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Texas County and District Retirement System**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Texas Municipal Retirement System**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Teachers Retirement System of Texas**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Judicial Retirement System of Texas I & II**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**El Paso City Employees' Pension Fund**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**El Paso Fireman and Policeman's Pension Fund**

Years \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

*By signing below, I verify that the above information is true and correct. I understand that this declared time is subject to verification and only verified proportionate service will be used to qualify for retirement.*

Member Signature

Date

*For Pension Office Use Only:*

**Total Verified Eligible Proportionate Service:** \_\_\_\_\_ years \_\_\_\_\_ months **Initials:** \_\_\_\_\_