



Spousal Consent for Withdrawal

PURPOSE

This form must be completed by your spouse if you are eligible to retire, but are choosing to withdraw your funds instead.

INSTRUCTIONS

1. Complete the Member Information section.
2. Have your spouse sign and date the Spousal Consent section.
3. Send this form to: **TCDRS**, Attn: Member Benefits, Barton Oaks Plaza IV, Ste. 500, 901 S. MoPac Expy., Austin, TX 78746

EXCEPTIONS TO SPOUSAL CONSENT

If one of the following applies, TCDRS will require documentation to confirm that you are exempt from spousal consent.

- You and your spouse have been married for less than one year as of your withdrawal date.
- Your spouse cannot be located.
- Your spouse has been judicially declared incompetent.
- A physician has determined that your spouse is not mentally capable of managing his/her own affairs.
- Your TCDRS service with the county/district was not earned during the dates of marriage.

CONTACTING TCDRS

If you have any questions, please call TCDRS Member Services at 800-823-7782.

TCDRS CANNOT ACCEPT

- An incomplete form
- Changes that are not initialed by the person signing the form
- A form that is not signed
- Any form filed out in pencil

MEMBER INFORMATION

First Name	Middle Initial or Name	Last Name	Birth Date	Social Security Number
Address			Daytime Phone Number	
City	State	Zip Code	Mobile Phone Number	

If you are married, your spouse's consent must be obtained if you are eligible to retire, but are choosing to withdraw your account instead.

SPOUSAL CONSENT

I certify that I am the spouse of the member. I understand that my spouse is eligible to receive a monthly benefit payment but instead has elected to receive a withdrawal of accumulated deposits and interest. I understand that by receiving a withdrawal of funds, any rights to a monthly benefit or death benefits will be forfeited. I am also aware of the dollar amount of the monthly benefit that is being forfeited. In spite of this, I consent to the withdrawal.

Spouse Signature	Date
X	