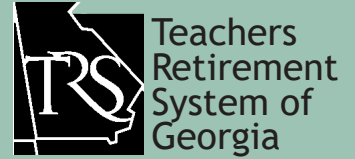


Declining Service Purchase



▼ **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 once your first retirement benefit has been generated.

Member Signature

Date

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



S P D E C L I N E