

Montana Teachers' Retirement System

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FORM 113: RETIREMENT TERMINATION PAY

Alternative accessible formats of this document will be provided upon request.

IRS Office Use Only

This form is required for any member who is terminating employment <u>and</u> retiring with TRS. *EMPLOYER: Hold this form until one week prior to reporting the member's final wages.* ** See instructions on Page 2 **

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION 1: MEMBER INFORMATION

Full Name: First	Middle	Last	Suffix (Jr., Sr., etc.)	<u>XXX-XX-</u> Last 4 Digits of SSN
/ /				()
Birth Date (mm/dd/yyyy)	1			Telephone Number
Mailing Address: Street of	or P.O. Box	City	State	ZIP Code (use Zip+4 if known)
		INSTRUCTIONS T	O MEMBER:	
Complete Bo	x A if you previously s	ubmitted TRS Form 129.	Otherwise, complete Bo	x B. (Do not complete both boxes)
A I submitted	TDS Form 120 Tarm	ination Pay Irrayocable	Flaction at least 90 cale	endar days prior to my last day
I Submitted		•		on pay option on that form:
		Option 1	Option 2	
		·	·	
Member's Sign	ature		Date	
Wember 3 Sign			Dute	
OR				
B I did not sub	omit TRS Form 129	Termination Pay Irrevoo	cable Election at least 90) calendar days before my last
day of work	with this employer. A	s described in TRS Fact	Sheet Termination Pay, I	may still elect Option 1 or
	•			ibutions necessary to fund that
benefit increa	ase on an atter-tax (ot	ut-of-pocket) basis at the	time of my retirement.	
that deter	rmine my Average Fin	nal Compensation. I unde	erstand Option 1 will pro	among <i>only</i> the years of service vide the largest benefit increase ember contributions due.
I underst	and Option 2 will pro			among <i>all</i> my years of service. red to write a personal check to
(TIP: If you will <u>i</u>	<u>not</u> receive any terminati	on pay from this employer, y	ou must elect Option 3.)	
				the time of my retirement, TRS member contributions to TRS.
 Member's Sign	ature		Date	

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SECTION 2: EMPLOYER CERTIFICATION of TERMINATION DATE and FINAL TERMINATION PAY AMOUNT

ver Name (please print)		Digit Employer ID	Employer Telephone Number	
EMPLOYER INSTRUCTIONS: Do n	<u>ot</u> remit this form to TRS	until Steps 1 - 6	have been completed.	
1. The retiring member's termination dat	te (last day of work) was:	//	' (mm/dd/yyyy)	
2. All wages have been paid to the retirin	ng member.			
3. The member's <u>final</u> termination pay ha	as been determined, and cons	sists of the follow	ing amounts:	
Final vacation leave payout:	\$			
Final sick leave payout::	\$		e: This form is ired for verification	
Incentive pay (if approved by TRS):	\$	purp	ooses even if total	
TOTAL termination pay:	\$	term	ination pay is \$0.	
4. Mark one box below regarding contrib	outions due on termination pa	ay for this retiring	g member:	
No contributions are due TRS, o (payout only) or because the tot			S termination pay Option 3	
Contributions on termination pa which shows the following amo		sed a copy of the	Termination Pay Calculator,	
Employer contributions: \$	Membe	r contributions: \$		
5. Mark the appropriate box(es) below re	garding TRS Form 129 Term	ination Pay Irrev	vocable Election:	
TRS Form 129 was signed by b termination date above. (Note: contributions on an out-of-pock	If the Termination Pay Calcu	lator shows the n	nember will owe <u>additional</u>	
TRS Form 129 was <u>not</u> signed by member's termination date. <i>(TLI Section B, the member must write)</i>	P: Look at Section B on page	1. If they elected	Option 1 or Option 2 in	
6. Specify the amount, if any, the member the retiring member a copy of the Te				
The member must write a persona	al check to TRS in the amount o	of \$		
7. Sign below and submit this form to TF that includes the member's final wages of time, you will receive an error on you	s and termination pay contrib			
ignature below. I certify that the member pan				

By my signature below, I certify that the member named on Page 1 has terminated employment and that all information reported is complete and correct. If the member has signed TRS Form 129 *Termination Pay Irrevocable Election*, unless otherwise required by law, I certify that the total termination pay amount payable to the member is reported and that employee contributions will be withheld pursuant to IRC §414(h)(2) and Montana Code Annotated, §19-20-716. I also certify that the termination pay amount reported does not include deferred compensation as defined under IRC, 457(f).

Certifying Representative's Printed Name and Title

Date