

**Retirement  
 Deduction Submittal**

| SCHOOL DISTRICT |      | PAYROLL MONTH / YEAR |
|-----------------|------|----------------------|
| Agency Number   | Name | mm/yyyy              |
|                 |      |                      |

| Check number       | Date<br>mm/dd/yyyy | Regular Deductions | 2% Deductions | Installments | Total |
|--------------------|--------------------|--------------------|---------------|--------------|-------|
|                    |                    |                    |               |              |       |
|                    |                    |                    |               |              |       |
|                    |                    |                    |               |              |       |
|                    |                    |                    |               |              |       |
| <b>FILE TOTALS</b> |                    |                    |               |              |       |

Check Variance  
(see comments)



**Please note:** Please do not attach any documentation other than the payment to this sheet. All notes or other supporting information should be reported directly in MyTRS.

**CONTACT PERSON IF THERE IS A PROBLEM:**

|       |  |     |  |
|-------|--|-----|--|
| Name  |  |     |  |
| Title |  |     |  |
| Phone |  | Fax |  |
| Email |  |     |  |

I hereby certify that the information presented on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed form and check to the MTRS Lockbox:

**Massachusetts Teachers' Retirement System  
 P.O. Box 358020  
 Pittsburgh, PA 15251-5020**

Please do NOT send your paperwork or check to our Main office unless specifically requested by your Employer Services Representative.