

Remittance of Lump Sum City Contributions



CITY INFORMATION • Please type or use only black ink and do not highlight. Any corrections or whiteouts must be initialed.

City Name

City Number

CONTRIBUTION INFORMATION • Please type or use only black ink and do not highlight. Any corrections or whiteouts must be initialed.

LUMP SUM AMOUNT REMITTED • \$ _____

REMITTED VIA • (CHECK ONE) ACH Check attached

TMRS Board Rule 34 TAC §125.7 (effective January 1, 2008) allows a city to make additional contributions, on a voluntary basis, to its account in the TMRS Benefit Accumulation Fund above the calculated annual contribution rate. These additional contributions can be in the form of a lump-sum payment or in periodic payments and are not subject to the maximum contribution rate limits (Statutory Max) that are applicable to some TMRS cities. This additional contribution increases the city's assets held by TMRS and will help to reduce the city's unfunded actuarial liability in the next actuarial valuation.

Please use this form if you wish to make a lump sum contribution to TMRS in addition to your monthly contribution. If you want to include extra funds in your monthly contribution amount, please use Line 2A of the Summary of Monthly Payroll Report (TMRS-3) to indicate the actual contribution rate you are making. It is not necessary to report additional amounts made with your monthly contribution on this form.

Additional city contributions can be made at any time during the year. Once remitted to TMRS, these additional contributions will be held in trust and cannot be returned to the city nor applied to future payroll obligations of the city. The city's monthly required payroll contributions should continue to be remitted on the TMRS-3 form, Summary of Monthly Payroll Report.

This form should be completed and signed by an authorized city official and should be provided to TMRS with a check or ACH payment to TMRS.

CITY CERTIFICATION

I certify this to be an additional contribution for the above-named city and understand that this remittance does not replace the monthly required payroll contribution.

Signature of Authorized City Official (required)

Date Signed (MM/DD/YYYY)

Printed Name and Title

City Name

For TMRS Use Only

Entered by

Date (MM/DD/YYYY)

