

TEACHERS' RETIREMENT SYSTEM OF THE CITY OF NEW YORK (TRS) 55 Water Street, New York, NY 10041 www.trsnyc.org • 1 (888) 8-NYC-TRS

INSTRUCTIONS

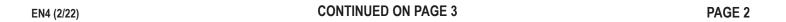
PLEASE READ CAREFULLY

File this form if you are designating a trust as a beneficiary for TRS death benefits; be sure to complete all parts of the form. You can upload this form in the secure section of our website or mail it to TRS at the address above.

- A trust may be designated as a beneficiary only when the TRS death benefit will be made in a lump-sum payment under the Qualified Pension Plan (QPP) and/or the Tax-Deferred Annuity (TDA) Program.
- The two types of trust instruments accepted by TRS are inter vivos trust and testamentary trust.
- If you modify or amend the trust in any manner that may cause the statements contained in this trust verification to be inaccurate, you must submit a new "Verification of Trust Instrument Legality" form (code EN4) promptly.
- If you revoke the trust, you must update your beneficiary designations accordingly.
- TRS does not provide legal or tax advice. Please consult with an attorney or estate planner for information regarding trusts.



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VERIFICATION OF TRUST INSTRUMENT LEGALITY



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Please read the instructions before completing this form. (NOTE: Please print in black or blue ink, and initial any changes tha	t you make on this form.)
PART A: Please provide the information below.	
First Name MI Last Name	Social Security Number (last 4 digits only) X X X X X X
Permanent Home Address Apt. No.	TRS Membership/Retirement Number
City State Zip Code	Primary Phone Number (Check one: Home Work Mobile)
Email Address	Alternate Phone Number (Check one: Home Work Mobile
Check here if you entered new contact information above. TRS will	
Please keep your contact information up to date. You can visit our websi "Member's Change of Address Form" (code DM13) with TRS.	te to update your contact information anytime, or file a
PART B: TRUST INFORMATION. Please provide all requested inforprovided in the trust.	mation. This information must match the information
Name of Trust	Date of Trust/Creation Date under Will/
Trust Employer Identification Number (EIN)	Amendment Date (MM/DD/YYYY)
Does this trust qualify as an applicable multi-beneficiary trust under the S	SECURE Act for a chronically ill or disabled beneficiary?
Yes No	, , ,
PART C: TRUSTEE INFORMATION	
If the trust provides more than two trustees, please attach a separate	sheet providing all requested information; this sheet must
include your name and TRS membership number.	
Trustee 1:	
Name (First, Middle Initial, Last):	
Street, City, State, Zip:	
Phone:	Check one: Home Work Mobile
Trustee 2:	
Name (First, Middle Initial, Last):	
Street, City, State, Zip:	
Phone:	Check one: Home Work Mobile
Check here if you included a sheet with additional trustees.	
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The name(s) and address(es) of the successor trustee(s) is/are as follows:

If the trust provides more than two successor trustees, please attach a separate sheet providing all requested information; this sheet must include your name and TRS membership number.

Name (First, Middle Initial, Last):					
Street, City, State, Zip:					
Name (First, Middle Initial, Last):					
Street, City, State, Zip:					
Check here if you included a sheet with	additional successor trustees.				
PART D: TRUST BENEFICIARIES					
rimary Beneficiaries Named in the Trust					
f there are more than two primary beneficiari nformation; this sheet must include your nam	· · · · · · · · · · · · · · · · · · ·	arate sheet providing all requested			
Primary Beneficiary 1:					
Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):			
Primary Beneficiary 2:					
Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):			
Check here if you included a sheet with	additional primary beneficiaries.				
Contingent/Remainder Beneficiaries Name	ed in the Trust				
f the trust provides more than two contingent nformation; this sheet must include your nam	•	separate sheet providing all requested			
Contingent/Remainder Beneficiary 1:					
Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):			
Description of Conditions:					
Contingent/Remainder Beneficiary 2:					
Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):			
Description of Conditions:	'				
Check here if you included a sheet with	additional contingent/remainder beneficiari	ies.			
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PART E: CERTIFICATION. I hereby certify and affirm the following:

- 1. The information provided on this form is accurate and complete.
- 2. The trust is a valid trust under state law or would be valid if there were corpus to the trust.
- 3. The trust is irrevocable or will, by its terms, become irrevocable upon my death.
- 4. All of the beneficiaries of the trust are beneficiaries with respect to the trustee's interest in my benefit and are identifiable from the trust instrument.
- 5. If the trust instrument is ever amended or information is changed at any time, I will provide TRS with an updated copy of the trust and corrected certification(s), to the extent that a trust amendment changes any information previously certified, within a reasonable period after the change.
- 6. I will provide TRS with a copy of the trust upon demand.
- 7. TRS will be held harmless by the member and his/her estate in the event of any dispute, and any costs TRS incurs may be charged against the member's account.
- 8. TRS may rely on the certifications and information unless there is an update.
- 9. I understand that, if the required documentation and related information is not provided within any prescribed time period, I will be treated as having no designated beneficiary for RMD purposes.
- 10. I understand that, if there are multiple trustees, TRS may rely on certifications and information provided by any trustee acting alone.
- 11. I agree that, if the provided documentation and related information is insufficient to pay the benefit to the trust, or if TRS is presented with information indicating that the trust is defunct, TRS will pay the benefit to other named beneficiaries or the member's estate, in accordance with TRS policy.

PART F: AFFIRMATION. Please read the statement and sign and date below in the presence of a notary. If you are an agent/legal representative signing on the member's behalf, please indicate this.

I certify that I have read the instructions and information on this form and that the information I have provided above is accurate to the best of my knowledge.

I understand that TRS makes no representations concerning the distribution of any benefit paid from TRS to the trust and/or the trust beneficiaries, including, but not limited to, the tax treatment.

If signing as an agent, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise.

CHECK HERE IF YO	U ARE SIGNING AS AN	AGENT.	
YOUR SIGN	IATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)
PART G: TO BE COMPLE	TED BY A NOTARY (NO	ΓΕ: Attestation made outside the U.S. must	t be executed before an American consul.)
State of)		
County of) s.s.:)		
		,, be	efore me personally appeared the person
known to me to be			, the individual
who executed the foregoin	g instrument and acknow	ledged to me that (s)he executed the sam	ne.
Signature:			
Official Title:			
Expiration Date of Commis	ssion (MM/DD/YYYY):		
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