



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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Please read the instructions before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRS Membership/Retirement Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)		
<input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Check here if you entered new contact information above. TRS will then update our records based on what you entered. Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

PART B: TRUST INFORMATION. Please provide all requested information. This information must match the information provided in the trust.

Name of Trust	Date of Trust/Creation Date under Will/ Amendment Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
Trust Employer Identification Number (EIN)	
<input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Does this trust qualify as an applicable multi-beneficiary trust under the 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: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

Trustee 2:

Name (First, Middle Initial, Last):
Street, City, State, Zip:
Phone: Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

Check here if you included a sheet with additional trustees.

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

Primary Beneficiaries Named in the Trust

If there are more than two primary beneficiaries named in the trust, please attach a separate sheet providing all requested information; this sheet must include your name and TRS membership number.

Primary Beneficiary 1:

Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):
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Primary Beneficiary 2:

Name (First, Middle Initial, Last):	Relationship:	Date of Birth (MM/DD/YYYY):
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Check here if you included a sheet with additional primary beneficiaries.

Contingent/Remainder Beneficiaries Named in the Trust

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

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 beneficiaries.

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 YOU ARE SIGNING AS AN AGENT.

YOUR SIGNATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)
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PART G: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of _____)
) s.s.:
 County of _____)

On the _____ day of _____, _____, before me personally appeared the person known to me to be _____, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: _____

Official Title: _____

Expiration Date of Commission (MM/DD/YYYY): _____