

**BENEFICIARY'S DESIGNATION OF
BENEFICIARY FORM**

FOR FRACTIONAL INSTALLMENT OF CONTINUING ALLOWANCE



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

(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 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"/>
Permanent Home Address	Apt. No.		TRS Beneficiary 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 "Beneficiary's Change of Address Form" (code DM14) with TRS.

- Please complete this form only if you are due (or are receiving) monthly payments from TRS as a result of the death of a retired TRS member who had designated you as beneficiary under the Qualified Pension Plan (QPP), the Tax-Deferred Annuity (TDA) Program, or both. Your continuing allowance would be payable under one of the following payment options, which was elected by the member: Option I, II, III, IV-a, IV-b, IV-2, IV-3, IV-4 (QPP for Tiers I/II; TDA for all tiers); or Option 1, 2, 5-1, or 5-2 (QPP for Tiers III, IV, and VI).
- For the month in which you die, a fraction of your monthly payment (representing the number of days in the month that you are alive) will be payable unless you die on the last day of the month. Please file this form to designate a beneficiary(ies) to receive that fractional installment.
- If you do not designate a beneficiary, the fractional installment would be paid to your estate. Do not file this form if you want this payment to be made to your estate.
- Please be sure to provide all information requested on this form, including the applicable Social Security numbers. This will ensure that your beneficiaries will receive all the benefits due them, without unnecessary delay or complications.

PART B: Please provide the following information about the deceased member of TRS.

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Social Security Number <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"/>
Date of Birth (MM/DD/YYYY) <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"/>	Date of Death (MM/DD/YYYY) <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"/>	TRS Retirement Number <input type="text"/>	

PART C: You must indicate below whether the fractional payment is payable from a QPP allowance, a TDA annuity, or both. (Note: You may select "Both QPP and TDA" only if your QPP and TDA beneficiary designations are identical; otherwise, you must file a separate form for the QPP and the TDA beneficiaries.) Please check one of the following and write your initials in the space next to your choice.

☐ QPP ☐ TDA ☐ Both QPP and TDA

PART D: Please provide all information about each beneficiary that you designate. If you are designating only one beneficiary, or want all beneficiaries to receive an equal share of the benefit, do not write in a percentage.

1. Beneficiary's First Name MI Last Name Social Security Number
 --
 Home Address Relationship to You Date of Birth (MM/DD/YYYY)
 /
 City State Zip Code Percent (if applicable)
 %

2. Beneficiary's First Name MI Last Name Social Security Number
 --
 Home Address Relationship to You Date of Birth (MM/DD/YYYY)
 /
 City State Zip Code Percent (if applicable)
 %

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I certify that monthly payments from TRS are payable to me as the beneficiary of a deceased TRS member. In accordance with the laws, rules, and regulations governing TRS, I hereby request that any fractional installment of the payment for the month of my death be paid to the beneficiary(ies) that I have named on this form.

SIGNATURE _____ DATE (MM/DD/YYYY) _____

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: _____