

**SAVE TIME – FILE ONLINE!**

We urge you to file your benefit claim in the secure section of our website dedicated to TRS claimants—and recently enhanced to make filing easier and quicker. Once you log in using the Claim Code provided in your TRS benefits notification letter, you will be able to see more details about your benefits and the distribution options available to you. If you file online, TRS can receive your claim instantly, and you can avoid spending time filling out and mailing this form. Please call our Member Services Center at 1 (888) 8-NYC-TRS if you have questions about filing your claim.

- If you do not file your benefit claim through our website, you must submit this correctly completed form to TRS to claim any death benefits due. You may be due benefits under the QPP or the TDA Program—or both.
- You should file this form as soon as possible to preserve rights to certain distribution options.
- Before any benefits due can be paid, TRS must receive an original death certificate, or certified copy, for the deceased. See “General Provisions” for other documentation that may be required.
- Be sure to carefully read the notification letter(s) TRS sent you. This will help you determine which of the below sections you will need to complete. You need to submit to TRS only those sections that apply to you.

**Section 1: Claimant Information** → ALL claimants filing this form must complete the applicable parts of Section 1. (This requirement does not apply if you are filing the “Claimant's Affidavit for Benefit Under Section 1310,” in Section 6.)

**Section 2: Payments Due to TRS** → Complete the applicable parts of this section if your letter from TRS indicates that payment is due to TRS and you request that TRS apply your benefits to offset the total amount that TRS must recover. **Note: TRS cannot process any death benefits until funds owed to TRS are paid.**

**Section 3: Qualified Pension Plan (QPP) Benefits** → Complete the applicable parts of this section if your notification letter from TRS indicates that you are due a benefit(s) under the QPP.

**Section 4: Tax-Deferred Annuity (TDA) Program Benefits** → Complete the applicable parts of this section if your notification letter indicates you are due a benefit(s) under the TDA Program.

**Section 5: Electronic Fund Transfer (EFT) Information for QPP and/or TDA Payments** → If you want to have your payments electronically deposited into your bank account, provide your information in this section.

**Section 6: Claimant's Affidavit for Benefit Under Section 1310** → You must be eligible to file this affidavit; eligibility requirements and additional instructions are included within the affidavit.

- Before completing this form, review “General Provisions,” beginning on page G-1, to learn eligibility requirements and other rules for various benefit distribution options, additional documents you may need to submit to TRS, tax consequences, and other important information. We also encourage you to read our *Guide to Death Benefits* brochures and FAQs on our website.
- Include your name and last 4 digits of your Social Security number or Tax Identification Number at the top of each page.
- Print in black or blue ink and initial any changes you make on this form.
- Sign and date the applicable sections of this form in the presence of a notary.



CONTINUED FROM PAGE 1

Claimant Name: \_\_\_\_\_

SSN/TIN (last 4 digits): \_\_\_\_\_

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**SECTION 1: CLAIMANT INFORMATION****Part A: TRS Claim Code**

Enter the claim code provided in the letter you received from TRS; otherwise, your claim will not be processed.

My Claim Code is:

**Part B: Deceased TRS Member's Information**

Enter the deceased TRS member's information below.

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Social Security Number (last 4 digits only) <input checked="" type="text"/> <input checked="" type="text"/> <input checked="" type="text"/> - <input checked="" type="text"/> <input checked="" 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"/>	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"/>	TRS Membership/Retirement/TDAB No. <input type="text"/>	

**Part C: Claimant Role**

Check the appropriate box below. (Only one box may be checked.)

I am filing this form as:

- |  |   |
|--|---|
| <input type="checkbox"/> the designated beneficiary (individual)   | <input type="checkbox"/> the trustee                                |
| <input type="checkbox"/> the designated beneficiary (organization) | <input type="checkbox"/> the beneficiary's power-of-attorney agent  |
| <input type="checkbox"/> the administrator or executor             | <input type="checkbox"/> the beneficiary's court-appointed guardian |

**Part D: Claimant Information**

Complete the applicable section (#1, #2, or #3) based on your claimant role.

**1) Complete this part if you are an individual designated beneficiary who is at least 18 years of age, a spouse claiming benefits under a spousal right of election, or a guardian or power-of-attorney agent filing on behalf of the beneficiary. The Name and Social Security Number (SSN)/Tax ID (TIN) that you enter below must match those on your Internal Revenue Service (IRS) tax documents.**

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Individual Beneficiary's SSN/TIN <input type="text"/>
Relationship to Deceased <input type="checkbox"/> Spouse <input type="checkbox"/> Other			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"/>
Permanent Address <input type="text"/>		Apt. No. <input type="text"/>	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
Country <input type="text"/>			Email Address <input type="text"/>
Non-resident alien <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Part D: Claimant Information** (continued)

**2) Complete this part if the designated beneficiary is an organization. The Organization Name and TIN/EIN you enter below must match the documentation establishing the Organization.**

Organization Name <input type="text"/>			TIN/EIN (if applicable) <input type="text"/>
First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Your Title <input type="text"/>
Permanent Address <input type="text"/>		Apt. No. <input type="text"/>	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
Country <input type="text"/>			Email Address <input type="text"/>

**3) Provide your information in this part if you are filing as an executor, administrator, trustee, guardian, or power-of-attorney agent. If filing as a trustee, executor, or administrator, please enter the Trust or Estate Name and the TIN/EIN of the Trust or Estate. This information must match the documentation establishing the Trust or Estate. If filing as a power-of-attorney or guardian, please enter the Name and Social Security Number (SSN)/Tax ID of the claimant. This information must match that on the claimant's Internal Revenue Service (IRS) tax documents.**

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	SSN/TIN/EIN <input type="text"/>
Permanent Address <input type="text"/>		Apt. No. <input type="text"/>	Relationship to Deceased <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
Country <input type="text"/>			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <input type="text"/>
Trust or Estate Name <input type="text"/>			Email Address <input type="text"/>

Complete this section only if your letter(s) from TRS indicates that Qualified Pension Plan (QPP) and/or Tax-Deferred Annuity (TDA) payments are due to TRS. Further descriptions of payments due, including the dollar amount, are provided in your letter(s) from TRS. Please note that TRS cannot process any death benefits until the total QPP and/or TDA dollar amount due is recovered.

## QPP Payments Due to TRS

If you are due a QPP benefit that is equal to or greater than the QPP payments due to TRS, you can agree to apply your benefit to offset the total dollar amount of payments that must be recovered by checking the “**Election**” box below. (You may not elect to apply your QPP benefits to offset any TDA payments due to TRS.)

## TDA Payments Due to TRS

If you are due a TDA benefit that is equal to or greater than the TDA payments due to TRS, you can agree to apply your benefit to offset the total dollar amount of payments that must be recovered by checking the **"Election"** box below. (You may not elect to apply your TDA benefits to offset any QPP payments due to TRS.)

## QPP and TDA Payments Due to TRS

If you are due QPP and TDA benefits that are equal to or greater than the QPP and TDA payments due to TRS, you can agree to apply your QPP and TDA benefits to offset the total dollar amount of payments that must be recovered by checking the **"Election"** box below.

## Election

☐ I hereby elect to apply any QPP and/or TDA death benefits due me to offset the total dollar amount of QPP and/or TDA payments that TRS must recover. I understand that TRS cannot process any death benefits until the total amount of payments due is recovered.

**If you do not apply your QPP and/or TDA benefits to offset the amount due to TRS, please send a check for the entire dollar amount due (indicated in your letter(s) from TRS), payable to the Teachers' Retirement System of the City of New York; include the deceased member's TRS membership number or retirement number on your check. Please mail your check to TRS, along with this page and all applicable parts of this form, to 55 Water Street, New York, NY 10041. (You must have this section notarized.)**

*If you are an agent/legal representative signing on the claimant's behalf, please indicate this; you must also provide supporting documentation of your legal status with this form.*

*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)

**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):



CONTINUED FROM PAGE 2.1

Claimant Name: \_\_\_\_\_

SSN/TIN (last 4 digits): \_\_\_\_\_

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### SECTION 3: QUALIFIED PENSION PLAN (QPP) BENEFITS

#### MANDATORY DIRECT PAYMENT

1. Complete the part below **ONLY** if your letter from TRS indicates that you must receive all or part of your QPP benefit (e.g., fractional payment, Group Term Life Insurance payment) in a Direct Payment.

☐ My letter indicates that I must receive all or part of my one-time QPP benefit in a Direct Payment.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

2. Complete the part below **ONLY** if your letter from TRS indicates that the deceased member is due a payment from TRS. This payment will be made directly to the member's estate.

☐ My letter from TRS indicates that payment from TRS is due the deceased member.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

#### DIRECT PAYMENT/DIRECT ROLLOVER OF ONE-TIME TAXABLE BENEFIT

Complete this part **ONLY** if you are receiving a one-time **taxable** QPP benefit (e.g., DB2, lump sum), you are eligible to select distribution options for the benefit, and you want to choose **ONE** of the following three options.

1. ☐ **Direct Payment:** I want to receive 100% of the benefit in a Direct Payment.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

2. ☐ **Direct Rollover:** I want 100% of the benefit directly rolled over to an eligible successor program(s).

→ Next, allocate your funds and provide the plan(s) that will receive your rollover on page 3.3.

3. ☐ **Combination of Direct Payment and Direct Rollover:** I want to receive ☐ ☐ % of the benefit in a Direct Payment. I want the remaining ☐ ☐ % directly rolled over to an eligible successor program(s).

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to the Direct Payment portion of my benefit.

→ Next, allocate your funds and provide the plan(s) that will receive your rollover on page 3.3.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**DIRECT PAYMENT/DIRECT ROLLOVER OF ONE-TIME NON-TAXABLE BENEFIT**

Complete this part **ONLY** if you will receive a one-time **non-taxable** benefit, you are eligible to select distribution options for the benefit, and you want to choose **ONE** of the following three options. **If this does not apply to you, SKIP THIS PART.** (You will need to log in to the TRS website using your TRS Claim Code, or speak to a TRS Member Services Representative, to learn if your QPP benefits include any non-taxable funds eligible for rollover.)

1. ☐ **Direct Payment:** *I want to receive 100% of the benefit in a Direct Payment.*

☐ *I want to receive my Direct Payment by Electronic Fund Transfer (EFT).*

☐ *I want to receive my Direct Payment by check.*

*I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.*

→ **Provide your EFT Account information on page 5.1 if you are choosing this payment method.**

2. ☐ **Direct Rollover:** *I want 100% of the benefit directly rolled over to an eligible successor program(s).*

→ **Next, allocate your funds and provide the plan(s) that will receive your rollover on page 3.3.**

3. ☐ **Combination of Direct Payment and Direct Rollover:** *I want to receive ☐☐ % of the benefit in a Direct Payment.  
I want the remaining ☐☐ % directly rolled over to an eligible successor program(s).*

☐ *I want to receive my Direct Payment by Electronic Fund Transfer (EFT).*

☐ *I want to receive my Direct Payment by check.*

*I want \_\_\_\_\_% federal tax withholding applied to the Direct Payment portion of my benefit.*

→ **Next, allocate your funds and provide the plan(s) that will receive your rollover on page 3.3.**

→ **Then, provide your EFT account information on page 5.1 if you are choosing this payment method.**



### Allocate Funds and Provide Programs to Receive Your QPP Direct Rollover

Before completing this section, review information about eligible successor programs and other important information in “General Provisions.” If you are rolling over funds to an Inherited IRA or Inherited Roth IRA (spouse or non-spouse), you must also submit a completed “QPP Direct Rollover Application for Lump-Sum Death Benefit to an Inherited IRA” (code DB32b) with this “Claimant’s Statement.” This form is available on our website.

#### Allocate Funds

Complete the below table to allocate your funds (taxable and non-taxable). If you have only taxable funds eligible for rollover (which applies to most claimants), enter the percentage of these funds you want to roll over in the “Percentage of Taxable Funds” column; enter this percentage next to the “Recipient Program” (#1, #2, #3) that you want to receive the funds.

If you have both taxable and non-taxable funds eligible for rollover, also complete the “Percentage of Non-taxable Funds” column; enter the percentage of non-taxable funds next to the “Recipient Program” (#1, #2, #3) that you want to receive the funds.

Recipient Program	Percentage of Taxable Funds	Percentage of Non-taxable Funds
Program #1		
Program #2		
Program #3		
	100%	100%

#### Provide Program Information

##### PROGRAM #1

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

##### PROGRAM #2

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

##### PROGRAM #3

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CONTINUING MONTHLY BENEFITS DUE**

Complete this part **ONLY** if your letter from TRS indicates that you are due continuing QPP monthly payments.

☐ My letter indicates that I am due continuing QPP monthly payments.

→ Next, designate beneficiaries below to receive any fractional payment that may be due upon your death.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**Beneficiary Designations for QPP Fractional Payment**

1.	Beneficiary Name:	Primary <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
2.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
3.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
4.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	

**ANNUITIZATION OF 100% OF ONE-TIME TAXABLE AND NON-TAXABLE BENEFIT**

Before completing this section, see "General Provisions" for eligibility requirements, filing deadlines, and other important information. If you choose annuitization, **this option would apply to 100% of your QPP one-time benefit, including any non-taxable funds.**

Please check the applicable box below.

☐ **Annuity Payment "A":** *I want to annuitize 100% of my benefit under Annuity Payment "A."*

☐ **Annuity Payment "B":** *I want to annuitize 100% of my benefit under Annuity Payment "B."*

→ Next, designate beneficiaries below.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**Beneficiary Designations Under Annuity Payment "A" or "B," as applicable.**

1.	Beneficiary Name:	Primary <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
2.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
3.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	
4.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
	Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
	City, State, Zip:		Female <input type="checkbox"/>	Relationship:
			Beneficiary Soc. Sec. No.:	

**ATTESTATION, SIGNATURE, AND NOTARY (All QPP claimants must complete this part.)**

Please read the following and sign and date below in the presence of a notary. If you are an agent/legal representative signing on the claimant's behalf, please indicate this; **you must also provide supporting documentation of your legal status.**

*I affirm that, to the best of my knowledge, all information I have provided is true and correct.*

**If I chose to directly roll over any portion of my benefit:** *I have verified with the receiving institution that my account is able to accept both taxable and non-taxable funds from TRS. I also understand that any funds not accepted will be distributed directly to me, with potential tax consequences, and tax withholding will be applied in accordance with the tax withholding rate indicated at the time of my claim filing. I agree, as to all times herein and in the future, without regard to any statutes of limitations, to indemnify and hold harmless TRS and the Teachers' Retirement Board from any and all liability or loss incurred by reason of the payment of this benefit.*

**If I request my payment be sent via EFT,** *I certify that I have read the instructions on this form and in the Electronic Fund Transfer brochure, and that the information I have provided is accurate to the best of my knowledge. I am a beneficiary of a deceased TRS member, a claimant, or the claimant's legal representative and I understand that the account I indicate on this form will be my EFT account for receiving my Qualified Pension Plan (QPP) benefit(s) from TRS.*

*I authorize and direct my bank to immediately refund any overpayments to TRS, including all payments made by TRS on or after the date of my death, or the date of the death of the member, and to charge the same to my bank account. TRS' certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining are not sufficient to permit my bank to fully refund overpayments by TRS, I authorize and direct my bank to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occur, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.*

*I also understand that this EFT authorization will remain in effect until TRS receives my request to cancel my EFT. I understand that if my account is closed, or my bank closes, my EFT would be suspended, and I would need to file another EFT request with updated information to reinstate my EFT.*

**If I have designated beneficiaries to receive any QPP benefits that may be due after my death,** *I certify that I am eligible to make such designations.*

*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)

**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): \_\_\_\_\_

## SECTION 4: TAX-DEFERRED ANNUITY (TDA) PROGRAM BENEFITS

### MANDATORY DIRECT PAYMENT

1. Complete the part below **ONLY** if your letter from TRS indicates that you must receive all or part of your TDA benefit (e.g., fractional payment, Required Minimum Distribution) in a Direct Payment.

☐ My letter indicates that I must receive all or part of my one-time TDA benefit in a Direct Payment.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

2. Complete the part below **ONLY** if your letter from TRS indicates that the deceased member is due a payment from TRS. This payment will be made directly to the member's estate.

☐ My letter from TRS indicates that payment from TRS is due the deceased member.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

### DIRECT PAYMENT/DIRECT ROLLOVER OF ONE-TIME TAXABLE BENEFIT

Complete this part **ONLY** if you are receiving a one-time **taxable** TDA benefit, you are eligible to select distribution options for the benefit, and you want to choose **ONE** of the following three options.

1. ☐ **Direct Payment:** I want to receive 100% of the benefit in a Direct Payment.

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.

→ Provide your EFT Account information on page 5.1 if you are choosing this payment method.

2. ☐ **Direct Rollover:** I want 100% of the benefit directly rolled over to an eligible successor program(s).

→ Next, allocate your funds and provide the plan(s) that will receive your rollover on page 4.3.

3. ☐ **Combination of Direct Payment and Direct Rollover:** I want to receive ☐☐ % of the benefit in a Direct Payment. I want the remaining ☐☐ % directly rolled over to an eligible successor program(s).

☐ I want to receive my Direct Payment by Electronic Fund Transfer (EFT).

☐ I want to receive my Direct Payment by check.

I want \_\_\_\_\_% federal tax withholding applied to the Direct Payment portion of my benefit.

→ Next, allocate your funds and provide the plan(s) that will receive your rollover on page 4.3.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**DIRECT PAYMENT/DIRECT ROLLOVER OF ONE-TIME NON-TAXABLE BENEFIT**

Complete this part **ONLY** if you will receive a one-time **non-taxable** benefit, you are eligible to select distribution options for the benefit, and you want to choose **ONE** of the following three options. **If this does not apply to you, SKIP THIS PART.** (You will need to log in to the TRS website using your TRS Claim Code, or speak to a TRS Member Services Representative, to learn if your TDA benefits include any non-taxable funds eligible for rollover.)

1. ☐ **Direct Payment:** *I want to receive 100% of the benefit in a Direct Payment.*

☐ *I want to receive my Direct Payment by Electronic Fund Transfer (EFT).*

☐ *I want to receive my Direct Payment by check.*

*I want \_\_\_\_\_% federal tax withholding applied to my Direct Payment.*

→ **Provide your EFT Account information on page 5.1 if you are choosing this payment method.**

2. ☐ **Direct Rollover:** *I want 100% of the benefit directly rolled over to an eligible successor program(s).*

→ **Next, allocate your funds and provide the plan(s) that will receive your rollover on page 4.3.**

3. ☐ **Combination of Direct Payment and Direct Rollover:** *I want to receive ☐☐ % of the benefit in a Direct Payment.  
I want the remaining ☐☐ % directly rolled over to an eligible successor program(s).*

☐ *I want to receive my Direct Payment by Electronic Fund Transfer (EFT).*

☐ *I want to receive my Direct Payment by check.*

*I want \_\_\_\_\_% federal tax withholding applied to the Direct Payment portion of my benefit.*

→ **Next, allocate your funds and provide the plan(s) that will receive your rollover on page 4.3.**

→ **Then, provide your EFT account information on page 5.1 if you are choosing this payment method.**

### Allocate Funds and Provide Programs to Receive Your TDA Direct Rollover

Before completing this section, review information about eligible successor programs and other important information in "General Provisions." If you are rolling over funds to an Inherited IRA or Inherited Roth IRA (spouse or non-spouse), you must also submit a completed "TDA Direct Rollover Application for Lump-Sum Death Benefit to an Inherited IRA" (code DB34c) with this "Claimant's Statement." This form is available on our website.

#### Allocate Funds

Complete the below table to allocate your funds (taxable and non-taxable). If you have only taxable funds eligible for rollover (which applies to most claimants), enter the percentage of these funds you want to roll over in the "Percentage of Taxable Funds" column; enter this percentage next to the "Recipient Program" (#1, #2, #3) that you want to receive the funds.

If you have both taxable and non-taxable funds eligible for rollover, also complete the "Percentage of Non-taxable Funds" column; enter the percentage of non-taxable funds next to the "Recipient Program" (#1, #2, #3) that you want to receive the funds.

Recipient Program	Percentage of Taxable Funds	Percentage of Non-taxable Funds
Program #1		
Program #2		
Program #3		
	100%	100%

#### Provide Program Information

##### PROGRAM #1

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

##### PROGRAM #2

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

##### PROGRAM #3

Name of Firm (check will be made payable to)	Type of Program		
<input type="text"/>	<input type="text"/>		
Name of Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CONTINUING MONTHLY BENEFITS DUE**

Complete this part **ONLY** if your letter from TRS indicates that you are due continuing TDA monthly payments.

☐ My letter indicates that I am due continuing TDA monthly payments.

→ Next, designate beneficiaries below to receive any fractional payment that may be due upon your death.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**Beneficiary Designations for TDA Fractional Payment**

1.	Beneficiary Name:	Primary <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
2.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
3.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
4.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:



**ANNUITIZATION OF 100% OF ONE-TIME TAXABLE AND NON-TAXABLE BENEFIT**

Before completing this section, see "General Provisions" for eligibility requirements, filing deadlines, and other important information. If you choose annuitization, **this option would apply to 100% of your TDA one-time benefit, including any non-taxable funds.** After you receive at least one annuity check, you can request that your payments be sent to your bank account via Electronic Fund Transfer by filing an "EFT Authorization Form" (code BK58) with TRS.

**Please answer the following question ONLY if you are a non-spouse beneficiary who is more than 10 years younger than the deceased.** (This information will help TRS determine your eligibility to annuitize your one-time TDA benefit; see "General Provisions," page G-3, for more information.)

**Are you chronically ill or disabled?**

☐ Yes ☐ No

**Please check the applicable box below.**

☐ **Annuity Payment "A":** I want to annuitize 100% of my benefit under Annuity Payment "A."

☐ **Annuity Payment "B":** I want to annuitize 100% of my benefit under Annuity Payment "B."

→ Next, designate beneficiaries below.

→ Then, provide your EFT account information on page 5.1 if you are choosing this payment method.

**Beneficiary Designations Under Annuity Payment "A" or "B," as applicable.**

1.	Beneficiary Name:	Primary <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
2.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
3.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:
4.	Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
	Street:			Relationship:
	City, State, Zip:			Beneficiary Soc. Sec. No.:

**ATTESTATION, SIGNATURE, AND NOTARY (All TDA claimants must complete this part.)**

Please read the following and sign and date below in the presence of a notary. If you are an agent/legal representative signing on the claimant's behalf, please indicate this; **you must also provide supporting documentation of your legal status.**

*I affirm that, to the best of my knowledge, all information I have provided is true and correct.*

***If I chose to directly roll over any portion of my benefit:*** *I have verified with the receiving institution that my account is able to accept both taxable and non-taxable funds from TRS. I also understand that any funds not accepted will be distributed directly to me, with potential tax consequences, and tax withholding will be applied in accordance with the tax withholding rate indicated at the time of my claim filing. I agree, as to all times herein and in the future, without regard to any statutes of limitations, to indemnify and hold harmless TRS and the Teachers' Retirement Board from any and all liability or loss incurred by reason of the payment of this benefit.*

***If I request my payment be sent via EFT,*** *I certify that I have read the instructions on this form and in the Electronic Fund Transfer brochure, and that the information I have provided is accurate to the best of my knowledge. I am a beneficiary of a deceased TRS member, a claimant, or the claimant's legal representative and I understand that the account I indicate on this form will be my EFT account for receiving my Tax-Deferred Annuity (TDA) benefit(s) from TRS.*

*I authorize and direct my bank to immediately refund any overpayments to TRS, including all payments made by TRS on or after the date of my death, or the date of the death of the member, and to charge the same to my bank account. TRS' certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining are not sufficient to permit my bank to fully refund overpayments by TRS, I authorize and direct my bank to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.*

*I also understand that this EFT authorization will remain in effect until TRS receives my request to cancel my EFT. I understand that if my account is closed, or my bank closes, my EFT would be suspended, and I would need to file another EFT request with updated information to reinstate my EFT.*

***If I have designated beneficiaries to receive any TDA benefits that may be due after my death,*** *I certify that I am eligible to make such designations.*

*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)

**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): \_\_\_\_\_

**SECTION 5: Electronic Fund Transfer (EFT) Information for Your QPP and/or TDA Payment**

If you want your payments from TRS electronically deposited into your bank account, provide the information below. If you complete this section, ALL of your payments from TRS will be sent via EFT to the single bank account you indicate below.

To receive your payments via EFT, you must also submit the following with this "Claimant's Statement":

An Authorization Letter on bank letterhead from your bank. The letter must be signed by a bank officer and indicate the owner(s) of the account, the type of account, the complete account and routing numbers, the bank branch location, and the branch officer's contact information; **OR**

A preprinted, voided check or direct deposit authorization form, plus a copy of a valid (unexpired) photo identification that was issued by a U.S. federal or state government agency and includes your date of birth.

**EFT Account Information for Your QPP and/or TDA Payments**

Financial Institution

Mailing Address

City

State

Zip Code

Persons' Name on the Account (Print name exactly as written on the account; include any joint owner.)

ABA (transit/routing) Number

Account Number

Account Type: ☐ Checking ☐ Savings



CONTINUED FROM PAGE 5.1

Claimant Name: \_\_\_\_\_

SSN/TIN (last 4 digits): \_\_\_\_\_

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## SECTION 6: CLAIMANT'S AFFIDAVIT FOR BENEFIT UNDER SECTION 1310 (Surrogate's Court Procedure Act)

**After you have completed this Affidavit, you must choose your tax withholding and method of payment for your benefit in Section 3, page 3.1 (for QPP benefits) and/or Section 4, page 4.1 (for TDA benefits). If you elect to receive your payment via EFT, provide your bank account information on page 5.1.**

New York State Surrogate's Court Procedure Act (Section 1310) allows the surviving spouse and certain relatives of a deceased person to collect a benefit without court administration. New York State Surrogate's Court Procedure Act (Section 1310) does not apply to every situation.

The benefit is paid according to the following terms:

- **Only ONE individual can receive a benefit from TRS under Section 1310.** The recipient of this payment will be determined by the below order of qualifying relationship to the deceased TRS member:
  - First — Surviving spouse;
  - Second — Child who is at least 18 years old;
  - Third — Father or mother;
  - Fourth — Brother or sister;
  - Fifth — Niece or nephew; or
  - Sixth — Creditor (or a person who has incurred the decedent's funeral expenses).
- The individual with the highest qualifying relationship must file this affidavit to receive this benefit. If there are two or more members in a relationship category (e.g., siblings), TRS will recognize the filer of this affidavit as the recipient of this benefit.
- If the claimant is the surviving spouse, the payment of the TRS death benefit, plus any other payments made under Section 1310 by all debtors known to the decedent, cannot exceed \$30,000.
- If the claimant is someone other than the surviving spouse and 30 days have passed since the date of death, the payment of the TRS death benefit, plus any other payments made under Section 1310 by all debtors known to the decedent, cannot exceed \$15,000.
- If the claimant is the creditor who incurred the decedent's funeral expenses at the request of a surviving spouse or relative and 30 days have passed since the decedent's death, then the payment of the TRS death benefit, plus any other payments made under Section 1310, cannot exceed \$15,000.
- If the claimant is the creditor who incurred the decedent's funeral expenses and was not asked to do so by the surviving spouse or one of the decedent's relatives and six months have passed since the decedent's death, then the payment of the TRS death benefit, plus any other payments made under Section 1310, cannot exceed \$5,000.
- All individuals with an equal or higher qualifying relationship than the person or organization filing this affidavit must be listed in Part D of this affidavit. Each living individual listed in Part D must submit a "Release of Claim Form under Section 1310" (code **DB28**) to TRS before the claimant can receive this benefit; no funds will be released until these forms are filed by all applicable individuals. This form is available on our website. **(Note: The person or organization filing this affidavit must submit an original death certificate, or certified copy, for any individual(s) listed in Part D of this affidavit who dies without submitting the required "Release of Claim Form under Section 1310.")**

Please read the instructions on page 6.1 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 complete the below information about the deceased TRS member.

First Name MI Last Name Social Security Number (last 4 digits only)  
   ☒ ☒ ☒ - ☒ ☒ -

Date of Birth (MM/DD/YYYY): Date of Death (MM/DD/YYYY): TRS Membership/Retirement/TDAB Number  
  /   /       /

**Part B:** The claimant must provide all information below; please print.

Claimant's First Name MI Last Name  
 I,    , being duly sworn, depose  
 and say that I reside at:

Permanent Home Address Apt. No.

City State Zip Code

My relationship to the deceased is \_\_\_\_\_.

TRS Claim Code (This affidavit cannot be processed if the Claim Code, which was provided in your notification letter from TRS, is not entered.)

Claimant's Date of Birth (MM/DD/YYYY)

/   /

Claimant's Social Security Number

-   -

Claimant's Primary Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile)

Claimant's Alternate Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile)

**Part C:** Please check the appropriate boxes below. If you answer “yes” to any of the below questions, do **NOT** file this affidavit.

Has application been made in the estate of the decedent for voluntary administration, letters of administration, or probate of a will?

☐ Yes ☐ No

Has an Administrator, Executor, or other Fiduciary been appointed?

☐ Yes ☐ No

**Part D:** Please list below everyone with an equal or higher qualifying relationship than the claimant, as indicated in the Instructions on page 6.1. For each living person, list the person’s name, age, relationship to claimant, and address. For each deceased person, list the person’s name and date of death; in addition, please provide an original death certificate, or certified copy, for the deceased.

NAME/AGE	RELATIONSHIP	ADDRESS	DATE OF DEATH

**Part E:** Please check one of the statements below.☐ **Surviving Spouse ONLY**

*I am the surviving spouse of the decedent. To the best of my knowledge, this payment and all other payments made under Section 1310, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$30,000.*

☐ **To be completed by a Blood Relative**

*I am the decedent's \_\_\_\_\_ and **30 days have passed** since the date of death. To the best of my knowledge, this payment and all other payments made under Section 1310, by all debtors of the decedent known to me after diligent inquiry, do not exceed \$15,000.*

**To be completed by a Creditor ONLY**

☐ *I am a creditor of the decedent or a person who has paid or incurred the decedent's funeral expense, and **30 days have passed** since the date of death. The debt was incurred at the request of the surviving spouse or other entitled blood relatives. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$\_\_\_\_\_. To the best of my knowledge, this payment and all other payments made under Section 1310 do not, in the aggregate, exceed \$15,000.*

*NOTE: A copy of the paid funeral bill and Release of Claim Form by an entitled blood relative(s) must be attached.*

☐ *I am a creditor of the decedent or a person who incurred the decedent's funeral expense and **six months have passed** since the date of death. The debt was not incurred at the request of the surviving spouse or other entitled blood relative. I paid the funeral expenses from my own funds and I have not been reimbursed in full. I am seeking reimbursement in the amount of \$\_\_\_\_\_. The decedent was not survived by a spouse or minor child. To the best of my knowledge, this payment and all other payments made under Section 1310 do not, in the aggregate, exceed \$5,000.*

*NOTE: A copy of the paid funeral bill must be attached.*

**Part F:** Please read the following statement and sign and date below in the presence of a notary. If you are an agent/legal representative signing on the claimant's behalf, please indicate this; **you must also provide supporting documentation of your legal status.**

*I am entitled to the payment herein and do induce TRS to pay me the amount due, knowing full well that TRS will rely on the truth of the statements herein contained in making such payment. I agree for myself and my executors, administrators, or assigns to hold TRS forever harmless and to indemnify it from any and all liability, loss, damage, claims, suits, costs, or expenses whatsoever which may arise directly or indirectly from making such payment. I hereby certify that there is no designated beneficiary to whom this benefit(s) should be paid and the information I have provided on this affidavit is true and correct to the best of my knowledge.*

*If you are an agent/legal representative signing on the claimant's behalf, please indicate this; you must also provide supporting documentation of your legal status with this form.*

*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)



**Part G: TO BE COMPLETED BY A NOTARY** (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) s.s.

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): \_\_\_\_\_



CONTINUED FROM PAGE 6.5

Claimant Name: \_\_\_\_\_

SSN/TIN (last 4 digits): \_\_\_\_\_

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## GENERAL PROVISIONS FOR QPP AND TDA DEATH BENEFITS

This section provides eligibility requirements and other rules for the various death benefit distribution options, information on additional documentation you may need to submit to TRS, tax consequences related to death benefits, and other important information. Please carefully review this section before making elections on your “Claimant’s Statement.”

### DISTRIBUTION OPTIONS FOR ONE-TIME QPP and TDA BENEFITS

#### ❖ Direct Rollovers of a QPP and/or TDA Death Benefit ❖

##### Eligible Successor Programs

**Spouse beneficiaries** may roll over their funds to the following: Traditional IRA, SIMPLE IRA, SEP IRA, 457(b), 401(k), 403(b), Roth IRA, Roth 401(k), Roth 403(b), Roth 457(b), Inherited IRA, and Inherited Roth IRA.

**Non-Spouse beneficiaries** may roll over their funds ONLY to an Inherited IRA or Inherited Roth IRA.

(According to IRS rules, a direct rollover is not allowed for any portion of a death benefit that represents a Required Minimum Distribution (RMD) or that would not otherwise be eligible for a rollover.)

##### Successor Program Requirements

- You must verify with the receiving institution that your designated account is able to accept your funds (including nontaxable funds, if applicable). Any funds not accepted will be distributed directly to you, with potential tax consequences, and tax withholding will be applied in accordance with the tax withholding rate you indicate at the time of your claim filing.

##### Rollovers to an Inherited IRA/Inherited Roth IRA

- If you want to roll over 100% of the death benefit to an Inherited IRA or Inherited Roth IRA, or want a combination of Direct Rollover and a Direct Payment, you must also file a “QPP Direct Rollover Application for Lump-Sum QPP Death Benefit to an Inherited IRA” (code DB32b) and/or a “TDA Direct Rollover Application for Lump-Sum TDA Death Benefit to an Inherited IRA” (code DB34c). The rollover application forms are available on our website.
- **TDA death benefits: If the member died after December 31, 2021 and you are an individual beneficiary**, a Direct Rollover of a TDA death benefit is not allowed after the calendar year that includes the *ninth* anniversary of the member’s death. Also note that Direct Rollover requests should be made at least 3 months before the end of the *ninth* anniversary year to account for the time it takes for TRS to process death benefit elections.  
**If the member died before January 1, 2022, or you are a non-individual beneficiary** (e.g., a trust or organization) regardless of the member’s date of death, a Direct Rollover of a TDA death benefit is not allowed after the calendar year that includes the *fourth* anniversary of the member’s death. Also note that Direct Rollover requests should be made at least 3 months before the end of the *fourth* anniversary year to account for the time it takes for TRS to process death benefit elections.
- **QPP death benefits:** A Direct Rollover of a QPP death benefit is not allowed by any claimant after the calendar year that includes the *fourth* anniversary of the member’s death. Also note that Direct Rollover requests should be made at least 3 months before the end of the *fourth* anniversary year to account for the time it takes for TRS to process death benefit elections.
- TRS cannot provide tax or required minimum distribution advice about the IRA that receives TRS’ rollover. Please consult your financial advisor for information about your IRA’s required minimum distribution requirements.
- Any amount that is distributed through a Direct Rollover to an Inherited IRA is not taxable until it is received as income; no withholding will be taken from this amount.
- Any amount that is distributed through a Direct Rollover to an Inherited Roth IRA is taxable.

### Minimum Rollover Amounts

- The minimum amount that TRS will directly roll over to a successor program is \$200. (This minimum amount may be greater depending on the successor program's minimum requirements, so you should check with the financial institution administering the account for further details.)

### Prohibited Rollovers

- According to IRS rules, a Direct Rollover is not allowed on any portion of a death benefit that represents a Required Minimum Distribution (RMD), or on any amount that would not otherwise be eligible for rollover. In addition, any partial lump-sum payment made directly to you may not be less than any RMD due you.

### ❖ Annuitizing a QPP Death Benefit ❖

#### Deadlines

- **Beneficiaries of Tier I members** must file their request to annuitize their QPP benefit on the "Claimant's Statement" (or online equivalent) by October 31 of the year following the year of the member's death.
- **Beneficiaries of Tier II members** must file their request to annuitize their QPP benefit on the "Claimant's Statement" (or online equivalent) within 90 days of the date of the member's death.

#### Options

- **Annuity Payment "A"**—The actuarial value of the death benefit would be paid as a lifetime annuity in monthly installments, with all payments ceasing upon your death. The only benefit due a beneficiary would be a fractional payment representing a portion of the monthly annuity for the month in which you die; if you die on the last day of the month, no benefit would be payable.
- **Annuity Payment "B"**—The actuarial value of the death benefit would be paid as a lifetime annuity in monthly installments. If you die before receiving the total amount of the death benefit, the balance would be paid in a lump sum to your designated beneficiaries. A fractional benefit representing a portion of the monthly annuity for the month in which you die may also be payable; if you die on the last day of the month, no benefit would be payable. Since this payment method provides for beneficiaries, your benefit would be less than it would have been under Annuity Payment "A."

#### Requirements

- The value of the QPP benefit must be \$10,000 or higher.
- The deceased member must have been a Tier I or II member of TRS. If the deceased was a Tier II member, the member must have died while still in service.
- Your entire QPP benefit must be used if you annuitize your benefit. You may not combine annuitization with another distribution method (e.g., receiving a Direct Payment or rolling over a portion of the benefit).

#### Investment Election Changes

- To learn how the deceased member's QPP funds are invested in TRS' Passport Funds, please log in to the TRS website using your Claim Code or call our Member Services Center. You may change how your funds are invested, one time, *after* your election to annuitize your QPP benefit has been processed by TRS. Please call our Member Services Center for more information.

## ❖ Annuitizing a TDA Death Benefit ❖

### Deadline

- You must file your request to annuitize your TDA benefit under Annuity Payment “A” or “B” on the “Claimant’s Statement” (or online equivalent) **by October 31 of the calendar year following the calendar year of the member’s death.**

### Options

- **Annuity Payment “A”**—The actuarial value of the death benefit would be paid as a lifetime annuity in monthly installments, with all payments ceasing upon your death. The only benefit due a beneficiary would be a fractional payment representing a portion of the monthly annuity for the month in which you die; if you die on the last day of the month, no benefit would be payable.
- **Annuity Payment “B”**—The actuarial value of the death benefit would be paid as a lifetime annuity in monthly installments. If you die before receiving the total amount of the death benefit, the balance would be paid in a lump sum to your designated beneficiary. A fractional benefit representing a portion of the monthly annuity for the month in which you die may also be payable; if you die on the last day of the month, no benefit would be payable. Since this payment method provides for beneficiaries, your benefit would be less than it would have been under Annuity Payment “A.”

### Requirements

- The value of the TDA benefit must be \$10,000 or higher.
- There are *no* tier-status requirements for the deceased member.
- Your entire TDA benefit must be used if you annuitize your benefit. You may not combine annuitization of your benefit with another distribution method (e.g., receiving a Direct Payment or rolling over a portion of the benefit).

**For beneficiaries of TRS members who died on or after January 1, 2022**, there are additional eligibility requirements governing annuitization of TDA funds under the SECURE Act. At least one of the following must apply to you, and supporting documentation will be required:

- You are the surviving spouse of the deceased member; or
- You are no more than 10 years younger than the deceased member; or
- You are chronically ill, as defined under the applicable section(s) of the Internal Revenue Code, and submit sufficient supporting documentation; or
- You are disabled, as defined under the applicable section(s) of the Internal Revenue Code, and submit sufficient supporting documentation.

### Investment Election Changes

- To learn how the deceased member’s TDA funds are invested in TRS’ Passport Funds, please log in to the TRS website using the Claim Code provided to you by TRS. You may change how your funds are invested, one time, *after* your election to annuitize your TDA benefit has been processed by TRS. Please call our Member Services Center for more information.

## REQUIRED DOCUMENTATION

Before any death benefits can be paid, TRS must receive an original death certificate, or certified copy, for the deceased TRS member (or deceased beneficiary). **TRS must receive all required documentation within six months of the date your death benefit claim is filed.**

Depending on your situation, additional documents, such as those listed below, **may** also be required. The below is not a complete list. Please log in to the TRS website using your TRS Claim Code, or call our Member Services Center, to learn what **(if any)** additional documents are needed for your claim.

- Claimant's Affidavit for Benefits under Section 1310
- Court-issued Guardianship Document
- Court Order for Spousal Right of Election
- Divorce Decree
- Documentation of Chronic Illness or Disability
- Letters Testamentary or Letters of Administration
- Marriage License
- Proof of Date of Birth
- Proof of Legal Name Change
- Trust Documentation
- Proof of Tax Identification Number or Employer Identification Number

## TAXABLE AND NON-TAXABLE DEATH BENEFITS

You will need to log in to the TRS website using your TRS Claim Code, or speak to a TRS Member Services Representative, to learn if your QPP and/or TDA benefits include any non-taxable funds.

### QPP Funds

- The amount of a TRS member's QPP contributions and investment return accumulated **as of December 31, 1986** are generally non-taxable upon distribution. These funds are known as "Pre-1987" funds.
- The amount of a TRS member's QPP contributions and investment return accumulated **after December 31, 1986** are generally taxable when distributed. These funds are known as "Post-1986" funds.

### TDA Funds

- TDA funds are generally taxable upon distribution; however, certain exceptions may apply.

**TAX CONSEQUENCES**

Death benefits received as a direct payment are generally federally taxable and may be subject to state and local taxes for the year in which the benefit is distributed. Withheld amounts will be sent to the IRS as credit toward the claimant's federal taxes for the year of distribution. The IRS requires that TRS withhold tax from death benefits as indicated below:

- ➔ 20% of the taxable portion of all rollover-eligible payments that are paid directly to a claimant. (However, the claimant may elect to have a **higher** percentage withheld on this form.)
- ➔ 10% of all payments not eligible for rollover that are paid directly to a claimant. (However, the claimant may elect to have a different percentage, including zero, withheld on this form.)
- ➔ 30% of a payment made to a beneficiary who is not required to file U.S. income taxes due to foreign citizenship (unless the claimant's country has a different tax withholding arrangement with the U.S.).

**For rollovers to a Roth account, the account holder would be responsible for taking action to satisfy all required tax withholding associated with the rollover.**

For QPP and/or TDA benefits received as *continuing monthly payments*, federal taxes will be deducted at the withholding rate for a single person with no adjustments, as required by the IRS as of January 1, 2022. This deduction will begin with your first monthly payment; this rate can be changed by submitting a "Withholding Certificate for Periodic Pension or Annuity Payments" (W-4P) with TRS; the form is available on the IRS website at [www.IRS.gov](http://www.IRS.gov).

**Note:** If you file your death benefit claim online in the secure section of our website, you can choose a tax withholding rate that can be applied to your payments immediately.