



INSTRUCTIONS

PLEASE READ CAREFULLY

- This application may be filed **ONLY** by the deceased TRS member's designated beneficiary under the Qualified Pension Plan (QPP). Please file this application in a timely manner to preserve certain rights to distribution options.
 - This application must be filed in order to directly roll over all or part of a lump-sum death benefit from TRS' QPP Program to an Inherited Individual Retirement Arrangement (IRA) or an Inherited Roth IRA. You may not roll over any portion of a death benefit that represents an RMD or that would not otherwise be eligible for a rollover.
 - This application must be filed in conjunction with your notarized "Attestation and Notarization for Online Death Benefit Claim" (code DB72) downloaded from the TRS website or with a correctly completed "Claimant's Statement" (code DB17); otherwise, this application cannot be processed.
 - If you want to make a Direct Rollover to more than one Inherited IRA/Inherited Roth IRA, please file a separate application for each Direct Rollover. You may choose a maximum of three IRA accounts for this death benefit.
 - You would be responsible for taking action to satisfy all required tax withholding associated with a rollover to a Roth account.
 - *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 QPP 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.*
- 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.
- All parts of this form must be completed.
 - If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.



CONTINUED FROM PAGE 1

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QPP DIRECT ROLLOVER APPLICATION
FOR LUMP-SUM QPP DEATH BENEFIT TO AN INHERITED IRA



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

Please read the instructions on page 1 before completing this application.

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

PART A: Please provide the below information about the deceased TRS member.

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"/>
Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)		TRS Membership/Retirement 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"/> <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"/>

PART B: Please provide the below information about yourself, including the 12-digit Claim Code provided in the benefit notification letter sent to you by TRS.

TRS Claim Code: <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"/>			
First Name	MI	Last Name	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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address		Apt. No.	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"/> <input type="text"/>
City	State	Zip Code	Relationship to Deceased TRS Member
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	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"/>		
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.

PART C: To be completed by an authorized officer of the financial institution to which the funds are being directly rolled over.

Please indicate the Inherited IRA or Inherited Roth IRA and financial institution to which the individual named in Part B is rolling over funds. The **Name of Account** accepting the funds must include the name of the deceased member and must be indicated correctly as an Inherited IRA or Inherited Roth IRA (e.g., John Member, Deceased, Inherited IRA f/b/o Jack Beneficiary).

Name of Account

(e.g., John Member, Deceased, IRA f/b/o Jack Beneficiary)

Account Number of Inherited IRA/Inherited Roth IRA

Name of Firm (check will be made payable to)

Address of Firm

Officer's First Name

MI

Last Name

Official Title

Business Telephone Number

 () -

Minimum amount of rollover required: _____

I certify that _____ has, or is establishing with transferred funds, an Inherited IRA/Inherited Roth IRA with the financial institution named above, and that this account will accept funds from a Section 401(a) Plan.

OFFICER'S SIGNATURE: _____ DATE (MM/DD/YYYY): _____



PART D: Please read the statement, enter the information, and sign and date below. If you are an agent/legal representative signing on the beneficiary's behalf, please indicate this.

I understand that this application must be filed in conjunction with a notarized "Attestation and Notarization for Online Death Benefit Claim" (code DB72) or a correctly completed "Claimant's Statement" (code DB17) in order to be considered valid.

I understand that I would be responsible for satisfying all required tax withholding associated with a rollover to a Roth account.

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)

