



INSTRUCTIONS
PLEASE READ CAREFULLY

- This form may be filed **ONLY** by an individual who is the deceased TRS member's designated beneficiary under the Qualified Pension Plan (QPP), and who is not the member's spouse.
- This form must be filed in order to directly roll over all or part of a lump-sum death benefit from TRS' QPP to an Inherited IRA.
- If you want to make a Direct Rollover to more than one Inherited IRA, please file a separate "QPP Direct Rollover Application for Lump-Sum QPP Death Benefit to an Inherited IRA (For Non-Spouse Beneficiaries Only)" for each Direct Rollover.
- You may choose a maximum of three elections for this death benefit.
- You must verify that the financial institution named on this form will accept a Direct Rollover to an Inherited IRA.
- The name of the account accepting the funds must include the name of the deceased member and must be indicated correctly as an Inherited IRA (e.g., John Member, Deceased, IRA f/b/o Jack Beneficiary). In addition, a Required Minimum Distribution (RMD) may be taken annually from the Inherited IRA based upon circumstances at the time of the distribution from TRS.
- According to Internal Revenue Service (IRS) rules, a Direct Rollover is not allowed of any portion of a death benefit that represents an RMD or that would not otherwise be eligible for a rollover. Any RMD issued in conjunction with a Direct Rollover will be reported to the IRS and indicated on a 1099-R form as a distribution.
- No Direct Rollover of a QPP death benefit is allowed after the fourth calendar year following the year in which the member died. Non-spouse beneficiaries who roll over the death benefit to an Inherited IRA may qualify to receive the death benefit over their life expectancy. In order to qualify, these beneficiaries must receive a partial distribution of the death benefit or RMD in each of the calendar years following the year of the member's death. Otherwise, they must fully withdraw these funds from the Inherited IRA at the financial institution accepting the Direct Rollover through distributions by the end of the fifth calendar year following the year of the TRS member's death.
- This form must be filed in conjunction with a correctly completed "Claimant's Statement" (code DB17) in order to be considered valid.
- If any of the below cases applies to you, do *not* file this form; instead, refer to your TRS Benefit Package for further instructions and appropriate forms.
 - You want 100% of your lump-sum QPP death benefit paid directly to you; or
 - You are claiming a Tax-Deferred Annuity (TDA) Program death benefit; or
 - You are claiming the death benefit later than four calendar years following the member's year of death.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

All parts of this form must be completed.

In PART A: You must provide all the information about the deceased TRS member.

In PART B: You must provide all the information about yourself.

In PART C: You must elect how your benefit will be distributed. You must also indicate what percentage of your funds will be withheld from the distribution you receive as a Direct Payment.

If you elect #1, TRS will directly roll over 100% of your eligible benefit to the Inherited IRA that you name. Any minimum distributions required would not be eligible for rollover.

If you elect #2, TRS will distribute your benefit by a combination of two methods: 1) Direct Payment by check and 2) Direct Rollover to the Inherited IRA that you name. Please note the following:

- If you write in the percentage(s) you wish to designate for each distribution method (*i.e.*, Direct Payment and Direct Rollover), the total for all distributions from this death benefit on all QPP Direct Rollover applications combined must equal 100%; otherwise, your form(s) would be canceled.
- If you know the exact amount of your distribution, you may write in the dollar amount you wish to designate for each distribution method (*i.e.*, Direct Payment and Direct Rollover).
- If you do not know the exact amount of your distribution, you may designate a dollar amount for one distribution method and write "the balance" in the "\$" box for the remaining distribution method.
- Generally, any partial lump-sum withdrawals may not be less than any unsatisfied RMDs due.

In PART D: An officer of the financial institution receiving the Direct Rollover must sign this statement verifying that the account accepting the funds is an Inherited IRA and must provide the requested information about the successor program.

In PART E: You must sign and date this form.

In PART F: You must have your application notarized.

GENERAL PROVISIONS

- Any amount that is distributed through a Direct Rollover is not taxable until it is received as income; no withholding will be taken from this amount.
- The minimum amount that TRS will directly roll over to an Inherited IRA is \$200. (This minimum amount may be greater depending on the receiving institution's minimum requirements. Please check with the financial institution administering the account for further details.)
- Any payment of less than \$200 will be sent directly to you and will not be subject to withholding tax; this includes any payment based on a percentage election made on this form that is calculated to be less than \$200.
- A portion of the amount you receive as a Direct Payment may be withheld and forwarded to the IRS as credit toward your federal income taxes for the year of distribution. 10% of the entire distribution will be withheld unless you elect to have a percentage between 0 and 100% withheld as credit toward your federal income taxes for the year of distribution.

QPP DIRECT ROLLOVER APPLICATION
FOR LUMP-SUM QPP DEATH BENEFIT TO AN INHERITED IRA
(FOR NON-SPOUSE BENEFICIARIES ONLY)



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 pages 1 and 2 before completing this application.

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

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 (M/D/Y)			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"/>
Date of Death (M/D/Y)			
<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.

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 (M/D/Y)
<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"/>
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"/>			
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"/>			

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please file a "Beneficiary's Change of Address Form" (code DM14) with TRS.

If you are providing new information above, please indicate the effective date: / /

PART C: Please elect **ONE** of the following two choices (#1 or #2), and write your initials in the space provided next to your choice.

☐ **#1—DIRECT ROLLOVER:** *I want 100% of my eligible benefit DIRECTLY ROLLED OVER to the Inherited IRA that I name in Part D. Any minimum distributions required would not be eligible for rollover.*

☐ **#2—COMBINATION OF METHODS:** *I want this withdrawal distributed by the following combination of methods:*

*I want % (or \$) of my benefit **PAID DIRECTLY** to me. If I do not choose a tax withholding option, I understand that TRS would automatically withhold 10% of the distribution paid directly to me and forward it to the IRS as credit toward my federal income taxes for the year of distribution.*

To elect a tax withholding option other than 10%, please indicate the percentage in the boxes directly below:

I want % tax withheld of the distribution paid directly to me. Please forward this amount to the IRS as credit toward my federal income taxes for the year of distribution.

AND

*I want % (or \$) of the taxable portion of this benefit to be **DIRECTLY ROLLED OVER** to the eligible Inherited IRA that I name in Part D.*

PART D: 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 and financial institution to which the individual named in Part B is rolling over funds.

Name of Account

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

Account Number of Inherited 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 with the financial institution named above, and that this account will accept funds from a Section 401(a) Plan. As a representative of this financial institution, I understand that the Inherited IRA is subject to IRS-required minimum distributions and that the period over which Required Minimum Distributions (RMDs) may be paid will vary depending on the timing of the distribution to the Inherited IRA and whether RMDs were paid from the Section 401(a) Plan prior to the rollover.

OFFICER'S SIGNATURE _____ DATE (M/D/Y) _____

PART E: Please read the following and sign and date below.

I certify that I have read the instructions and information on this form.

I understand that this form must be filed in conjunction with a correctly completed "Claimant's Statement" (code DB17) in order to be considered valid.

I understand that if my payments of estimated tax and withholding are not sufficient under the IRS code, I may be subject to tax penalties. I also understand that TRS does not provide legal and/or tax advice, and that I should consult with my attorney and/or tax advisor should I have specific legal or tax questions concerning the information contained in this form.

To the best of my knowledge, the eligible successor program named in Part D is qualified to receive this Direct Rollover under the applicable provisions of the Internal Revenue Code.

I understand that RMDs may have to be taken from this Inherited IRA and that I am solely liable for any failure to comply with the RMD rules.

As indicated in the instructions on this form, I understand that the period over which RMDs may be paid will vary depending on the timing of the distribution to the Inherited IRA and whether RMDs were paid from TRS' QPP prior to the rollover.

I certify that I am a designated beneficiary (under the QPP) of the TRS member named in Part A, and that I am not the spouse of the deceased member.

NON-SPOUSE BENEFICIARY'S SIGNATURE _____ DATE (M/D/Y) _____

PART F: 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: _____

