



## **INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- This form may be filed **ONLY** by a deceased TRS member's surviving spouse who is the member's designated beneficiary under the Tax-Deferred Annuity (TDA) Program.
- This form must be filed in order to directly roll over all or part of a lump-sum death benefit from TRS' TDA Program to one or more eligible Individual Retirement Arrangements (IRAs) or other successor program(s).
- According to Internal Revenue Service (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. 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.
- 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 TDA death benefit paid directly to you; or
  - You want to roll over a Qualified Pension Plan (QPP) death benefit; or
  - You are an eligible TDA beneficiary and you want to use the total amount of your TDA death benefit to establish a TRS TDA Program account.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, we encourage you to contact our Member Services Center at 1 (888) 8-NYC-TRS.

**You must complete all parts of this form.**

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

**In Part B:** You must provide all information about yourself.

**In Part C:** You must elect how your benefit will be distributed.

**If you elect #1,** TRS will directly roll over 100% of your benefit to the eligible IRA(s) or other successor program(s) that you name. You may list a maximum of three programs under this election.

**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 eligible IRA(s) or other successor program(s) that you name. You may list a maximum of two programs under this election. 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 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.

**In Part D:** You must sign and date this form.

## GENERAL PROVISIONS

- TDA death benefits generally are federally taxable and may be subject to state and local taxes; please check with your tax advisor.
- The Internal Revenue Service (IRS) requires that TRS withhold 20% of any portion of this benefit that you do not instruct TRS to directly roll over into an IRA(s) or other successor program(s). This 20% would be sent to the IRS as credit toward your federal taxes for the year of distribution.
- Any amount that is distributed through a Direct Rollover is not taxable until it is received as income; the 20% withholding will not apply to these 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.)
- Any payment of less than \$200 will be sent directly to you and will not be subject to the 20% withholding; this includes any payment based on a percentage election made on this form that is calculated to be less than \$200.



**TDA DIRECT ROLLOVER ELECTION FORM**  
**FOR LUMP-SUM TDA DEATH BENEFIT**  
**(FOR 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 form.**

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

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"/> <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"/> <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"/> <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"/> <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: I want 100% of my benefit **DIRECTLY ROLLED OVER** to the eligible IRA(s) or other successor program(s) that I name below; I understand that I may list up to three programs.

I want  % (or \$  ) of my benefit directly rolled over to:

**PROGRAM #1**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Other successor program	
Name of Fund/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"/>

I want  % (or \$  ) of my benefit directly rolled over to:

**PROGRAM #2**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Other successor program	
Name of Fund/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"/>

I want  % (or \$  ) of my benefit directly rolled over to:

**PROGRAM #3**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Other successor program	
Name of Fund/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"/>

**PART C** (continued):

☐ **#2:** I want my benefit distributed by the following combination of methods:

I want   % (or \$  ) of my benefit PAID DIRECTLY to me in a check. I understand that TRS is required to withhold 20% of the distribution paid directly to me, that this withheld amount will be forwarded to the IRS, and that I may claim the amount withheld as federal tax paid on my tax return for the year of distribution.

**AND**

I want   % (or \$  ) of my benefit DIRECTLY ROLLED OVER to the eligible IRA(s) or other successor program(s) that I name below; I understand that I may list up to two programs.

I want  % (or \$  ) of my benefit directly rolled over to:

**PROGRAM #1**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Other successor program	
Name of Fund/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"/>

I want  % (or \$  ) of my benefit directly rolled over to:

**PROGRAM #2**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Other successor program	
Name of Fund/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"/>

**PART D:** Please read the following statement 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.



**PART D** *(continued):*

*I certify that the successor program(s) named above is qualified to receive this Direct Rollover under the applicable provisions of the Internal Revenue Code. I acknowledge that such certification is provided as a basis for TRS' reasonable reliance on same.*

*I certify that I am the surviving spouse of the TRS member named in Part A, and that I am a designated beneficiary of this member under the TDA Program.*

SPOUSE BENEFICIARY'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

