



## INSTRUCTIONS

PLEASE READ CAREFULLY

**Submit this form ONLY if you are also submitting a retirement application and you want to designate more beneficiaries than space allows. If you are already retired, do NOT use this form to designate beneficiaries or update your beneficiary information; instead, go to Beneficiaries in the secure section of our website.**

**In Part A:** All information must be provided.

**In Part B:** You must verify that you are filing this form in conjunction with a retirement application.

**In Part C:** You must provide all applicable information about your beneficiary(ies).

- **Personal Information:** Please write in the name, full address, Social Security number, relationship, and date of birth of each beneficiary.
- **"Payable Under":** You must indicate the source of the benefit payable.
- **"Type of Beneficiary":** You must identify the beneficiary as "primary," "contingent," or "fractional."
- **"Percent":** If you want all beneficiaries to receive a specific percentage of the death benefit (rather than equal portions), you must designate the percentages. The total of all percentages—for the beneficiaries named on this form and on your attached retirement application—must equal 100%; otherwise, TRS cannot process either form.
- **"Dollar Amount":** If you elected Option IV-b on your retirement application and want your beneficiary(ies) to receive a specific dollar amount as a benefit, you must designate that dollar amount. This amount must be a multiple of \$1,000.

**In Part D:** You must sign and date to indicate your understanding of the statement.

**In Part E:** You must have this form notarized.



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**RETIRING MEMBER'S  
ADDITIONAL QPP BENEFICIARY FORM**



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 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 information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.		TRS Membership/Retirement Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
City	State	Zip Code	Primary Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>	<input type="text"/>	<input type="text"/>	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address			Alternate Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile)
<input type="text"/>			( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

☐ Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS.

**PART B:** Check the box below (only file this form if you also are submitting a retirement application):

☐ I am filing this form with a QPP retirement application.

**PART C:** Please provide all requested information about each beneficiary that you designate.

1. Beneficiary's 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"/>
Home Address			Relationship to You
<input type="text"/>			<input type="text"/>
City	State	Zip Code	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"/> <input type="text"/>
Type of Beneficiary			Payable Under (Check the box)
<input type="text"/>			<input type="checkbox"/> QPP Death Benefit #2 <input type="checkbox"/> QPP Retirement Allowance <input type="checkbox"/> Fractional
		Percent (if applicable)	Dollar Amount (if applicable)
		<input type="text"/> <input type="text"/> %	\$ <input type="text"/>
2. Beneficiary's 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"/>
Home Address			Relationship to You
<input type="text"/>			<input type="text"/>
City	State	Zip Code	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"/> <input type="text"/>
Type of Beneficiary			Payable Under (Check the box)
<input type="text"/>			<input type="checkbox"/> QPP Death Benefit #2 <input type="checkbox"/> QPP Retirement Allowance <input type="checkbox"/> Fractional
		Percent (if applicable)	Dollar Amount (if applicable)
		<input type="text"/> <input type="text"/> %	\$ <input type="text"/>

**PART D:** Please read the statement below, then sign and date to indicate your understanding of the statement. If you are an agent/legal representative signing on the member's behalf, please indicate this.

If signing as an agent of the member named in Part A, 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.**

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

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