



**INSTRUCTIONS**  
PLEASE READ CAREFULLY

**Submit this form ONLY if you are also submitting a "TDA Annuitization Election Form" and you want to designate more beneficiaries than space allows. Do NOT use this form to designate TDA beneficiaries or update your beneficiary information if you have already annuitized your TDA funds; 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 "TDA Annuitization Election Form" code TD6.

**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 "TDA Annuitization Election Form"—must equal 100%; otherwise, TRS cannot process either form.
- **"Dollar Amount":** If you elected Option IV-b on your "TDA Annuitization Election Form" 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 TDA 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 "TDA Annuitization Election Form" code TD6):

☐ I am filing this form with a "TDA Annuitization Election Form."

**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"/> TDA Annuity <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"/> TDA Annuity <input type="checkbox"/> Fractional
			Percent (if applicable) Dollar Amount (if applicable)
			<input type="text"/> <input type="text"/> % \$ <input type="text"/>

<p>3. Beneficiary's First Name MI Last Name</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Home Address</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div> <p>Type of Beneficiary</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Social Security Number</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div> <p>Relationship to You</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Payable Under (Check the box)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> TDA Annuity  Percent (if applicable)  <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">%</span> </div> </div> <div style="width: 50%;"> <input type="checkbox"/> Fractional  Dollar Amount (if applicable)  \$ <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>	<p>Date of Birth (MM/DD/YYYY)</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div>
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<p>4. Beneficiary's First Name MI Last Name</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Home Address</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>City State Zip Code</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div> <p>Type of Beneficiary</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Social Security Number</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div> <p>Relationship to You</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>Payable Under (Check the box)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> TDA Annuity  Percent (if applicable)  <div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">%</span> </div> </div> <div style="width: 50%;"> <input type="checkbox"/> Fractional  Dollar Amount (if applicable)  \$ <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>	<p>Date of Birth (MM/DD/YYYY)</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60%; height: 20px; margin-bottom: 5px;"></div> </div>
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**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.

*I certify that I am filing this form in conjunction with the TDA Annuitization Election Form because I want to designate an additional beneficiary(ies) for whom space is not provided on that form. I hereby request that any benefits be paid after my death in accordance with my designations in Part C and my designations on the above-mentioned form.*

*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.**

_____ YOUR SIGNATURE	_____ YOUR PRINTED NAME	_____ DATE (MM/DD/YYYY)
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**PART E:** 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: \_\_\_\_\_