



## **INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- **Please file this form if you have obtained a position making you eligible for TRS membership, but you elect not to join TRS. Instead, you choose to remain in your current New York City or New York State public retirement system as either an in-service or a retired member.**
- **You must submit documentation** indicating that you are currently a member of another New York City or New York State public retirement system. Documentation may include:
  - A recent paystub showing pension contributions to your current retirement system (if you are in service);
  - A check stub or statement showing retirement benefit payments from your current retirement system (if you are retired); or
  - Correspondence from your current retirement system that is printed on its letterhead and includes your name and membership number.
- TRS will refund any pension-related contributions erroneously deducted from your pay directly to you. Please note the following:
  - Any interest and/or investment return these contributions earn is not refundable.
  - You will receive your refund via Electronic Fund Transfer (EFT) if TRS has your current EFT information on file. If the EFT process cannot be completed, you will receive a refund check.
  - In most cases, TRS must withhold 10% of any taxable portion of the refund amount and send it to the Internal Revenue Service (IRS) as credit toward your federal income taxes for the year of distribution. The refunded amount will be reflected on the 1099 form issued to you in January following the year of distribution.
- If you file this form, please be aware that **you would relinquish all rights to any present or prospective benefits with TRS** under your current position/title.
- If you later work in a different position/title that makes you eligible for TRS membership again, you may rescind this TRS membership waiver by electing to join TRS.
- If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.



**AFFIDAVIT FOR NON-TRS TRANSFERRED  
CONTRIBUTORS**



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
<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 Number (if available)
<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:** Please read the following statement, provide the requested information, and sign and date below.

***I elect to waive membership in TRS. I certify that I am currently a member of \_\_\_\_\_***  
***(name of retirement system)***  
***with membership number \_\_\_\_\_. I also certify that I have submitted documentation proving***  
***membership in my current retirement system.***

***I recently obtained a position entitling me to membership in TRS, but I elect to remain in my current retirement system. I certify that I***  
***have read the instructions on this form, and that I understand the conditions of this TRS membership waiver. I affirm that, to the best***  
***of my knowledge, all the information I have provided above is true and correct.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

