



## **INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- Please complete this form if you are a Tier I/II member who would like to change your previous retirement plan election (or deemed election). Processing this form generally takes approximately two to three months.
- In general, two retirement plans are available to Tier I and Tier II members. Tier I members may choose between Plan A and Plan B; Tier II members may choose between Plan C and Plan D. The eligibility requirements for Plan A/C are more stringent than those for Plan B/D, and the benefits are typically greater under Plan A/C.
- Chapter 628 permits Tier I members to switch once between Plan A and Plan B and permits Tier II members to switch once between Plan C and Plan D. A second switch would be permitted back to your original election (or deemed election) if, within 30 days of filing your second "Retirement Plan Election Form under Chapter 628," you retire or leave New York City service with vested rights.
- If you elect on this form the retirement plan in which you are currently enrolled, your plan election would not change.
- Electing Plan A/C does not automatically entitle you to a Plan A/C retirement. However, the election preserves your rights to a Plan A/C retirement if and when you meet the eligibility requirements.
- For explanations of the above retirement plans, including benefits and eligibility requirements for each plan, please refer to the "Tier I Service Retirement Application" (code RE16) or the "Tier II Service Retirement Application" (code RE17).
- 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 applicable parts of this form.**

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

**In Part B:** You must indicate your current retirement plan and the retirement plan you are switching to under your tier. If you are filing this form a second time to switch back to your original election, you must also indicate the date (or expected date) of your retirement or separation from service; in this case, you should also attach a copy of any notification that you filed with your employer to this form. Also, if filing to switch back to your original election, you must retire or leave service within 30 days of filing this form; otherwise, this form is invalid.

**In Part C:** You must sign and date this form in the presence of a notary public, who must then complete Part D.

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

**RETIREMENT PLAN ELECTION FORM**  
**UNDER CHAPTER 628—FOR TIER I AND TIER II MEMBERS**



TEACHERS' RETIREMENT SYSTEM  
OF THE CITY OF NEW YORK (TRS)  
35 Water Street, New York, NY 10041  
www.trsnyc.org • 1 (888) 8-NYC-TRS

**Please read the instructions on page 1 before completing this form.**

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

**PART A:** All information must be provided.

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 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"/>
			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 access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

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

**PART B:** Please select ONE retirement plan and write your initials in the space provided next to your choice. If you are switching back to your original election, please also indicate the date (or expected date) of your retirement or separation from service.

Tier I: I am currently a Plan \_\_\_\_\_ member; I would like to switch to \_\_\_\_\_ ☐ Plan A \_\_\_\_\_ ☐ Plan B.  
Tier II: I am currently a Plan \_\_\_\_\_ member; I would like to switch to \_\_\_\_\_ ☐ Plan C \_\_\_\_\_ ☐ Plan D.

Date of Retirement or Separation from Service
_____
(M/D/Y)

**PART C:** Please read the following statement and sign and date below in the presence of a notary.

*I affirm that I have read the accompanying instructions and have completed the appropriate portions of this form. I hereby elect to switch my retirement plan election in accordance with Chapter 628 of the Laws of 1999, which entitles me to switch retirement plans once. I understand that, under Chapter 628, I may also switch back to my original plan by filing this form within 30 days of retiring or leaving New York City service with vested rights. I also understand that I would be deemed to have elected Plan A/C if, upon my death, I have at least 20 years of service and the resulting death benefit would be greater under Plan A/C than Plan B/D.*

*I understand that this retirement plan election change may entitle me to a retirement allowance under the plan I elect, provided that I meet the eligibility requirements at retirement.*

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

**PART D:** 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: \_\_\_\_\_