



**ERRONEOUS TDA LOAN PAYMENT
REFUND APPLICATION**



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

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

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.

- Please complete this application to request a refund of a Tax-Deferred Annuity (TDA) Program loan payment(s) that was (were) erroneously deducted from your paycheck(s).
- You will automatically receive your refund via Electronic Fund Transfer (EFT) if you are paid on the City of New York payroll and receive your paychecks through direct deposit. Your refund will be sent to the account where your paychecks are deposited. If the EFT process cannot be completed, we would send you a refund check under separate cover.
- Please do not file this application if you are requesting a Qualified Pension Plan (QPP) refund; you should instead file an "Erroneous QPP Loan Payment Refund Application" (IP4).
- If you have any questions, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.

PART B: Please complete the information below and **attach a copy of each paystub showing an erroneous deduction(s).**

<u>DATE OF PAYCHECK (MM/DD/YYYY)</u>	<u>AMOUNT</u>
<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"/> <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 C: Please complete the following and sign and date below.

I certify that, as of the date of this application, I am:

- ☐ *In active service.* (This includes leaves of absence.)
- ☐ *Resigned or terminated. My resignation/termination date was* _____
(Month/Day/Year)
- ☐ *Retired. My retirement date was* _____
(Month/Day/Year)

I am filing this application to request a refund of an erroneous TDA loan payment(s). I have attached a copy of all relevant documentation (e.g., paystub) of the erroneous deduction(s).

I hereby acknowledge that I am required to reimburse TRS for the refund of any loan payment that is subsequently canceled.

MEMBER'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

