

**INSTRUCTIONS**
PLEASE READ CAREFULLY

- An Alternate Payee must submit this form to request a Direct Rollover of Tax-Deferred Annuity (TDA) Program funds pursuant to a signed Domestic Relations Order.
- This completed form should be faxed to (212) 812-3191 or mailed to the address above to the attention of the TRS Legal Division.
- Please print in black or blue ink and initial any changes you make on this form.
- If you require additional assistance, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.

PART A: Provide all information about the TRS member requested below.

Member's First Name MI Last Name TRS Membership Number

PART B: Provide all information about the alternate payee requested below.

Alternate Payee's First Name MI Last Name Primary Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile)

Permanent Home Address Apt. No. Alternate Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile)

City State Zip Code

Email Address

PART C: Provide all information requested about the TDA Direct Rollover below.

Financial Institution Name: _____
(Check will be made payable to)

Mailing Address: _____

Name of Account: _____
(Example "Firm Name" FBO Jane Doe)

Account Number: _____

Type of Program (check only one)

☐ Individual Retirement Account (IRA) Note: TRS is unable to process rollovers to Roth IRAs.

☐ Other Eligible Successor Program. Plan type: _____

If you selected "Other Eligible Successor Program," you must check with the plan administrator to determine if the plan can accept 403(b) Direct Rollovers.

ALTERNATE PAYEE'S SIGNATURE_____
DATE (MM/DD/YYYY)