



For faster service and increased security, you may file your Tier II Service Retirement Application as an "e-form."
Log in to the secure section of our website and go to **Electronic Forms**.

INSTRUCTIONS

PLEASE READ CAREFULLY

Filing Information

As a Tier II member of the Teachers' Retirement System of the City of New York (TRS), you may apply for service retirement under the Qualified Pension Plan (QPP) by filing a "Tier II Service Retirement Application" (code RE17). TRS must receive your retirement application at least one business day, but no more than 90 days, before your effective retirement date. Pending TRS' review and approval, filing your application will enable you to receive a retirement allowance. TRS requires bank account information from retiring members in order to pay their benefits directly by Electronic Fund Transfer (EFT). If TRS does not have account information to transmit your retirement allowance by EFT, or if there is an issue with your current account, your payments (including advance payments) will be delayed.

When you file the completed "Tier II Service Retirement Application," you must attach proof of your date of birth and, in some cases, your beneficiary's date of birth. The following items are considered acceptable proof of date of birth, and only one of the following is required: birth certificate; passport (book or card); or driver's license or non-driver ID card from New York, New Jersey, Connecticut, Pennsylvania, or Florida; or naturalization document. If none of these items are available, then two of the following are required: driver's license or non-driver ID card from other states not listed above, or any learner's permit; certificate of military record; Form SSA-2458 (Report of Confidential Social Security Benefit Information); or other government-issued identification. (Documentation must not be expired. Photocopies are acceptable for all items.) Any date-of-birth documentation in a language other than English must be accompanied by a translation. Birth certificates from Puerto Rico are only valid with issue dates from July 1, 2010, or after. We suggest that you bring all materials in person to TRS' Member Services Center at 55 Water Street in lower Manhattan. Please keep copies of all forms filed in conjunction with retirement for your records.

Electronic Fund Transfer

If you are currently paid on the City of New York payroll through direct deposit for work in a position that entitles you to TRS membership, you will be automatically enrolled to receive your monthly benefit payments (including advance payments) via EFT. You do not need to do anything; these payments will be automatically deposited in your account via EFT.

However, you would need to file an "EFT Election at Retirement Form" (code BK66) for any of the following scenarios:

- If you want your monthly benefit payments (including advance payments) to be deposited via EFT in a different account;
- If you are currently paid on the City of New York payroll through direct deposit for work in a position that does not entitle you to TRS membership (e.g., substitute or per diem teacher); or
- If you are not currently paid on the City of New York payroll through direct deposit.

An online version of the "EFT Election at Retirement Form" is located in the secure section of the TRS website. To avoid delays in receiving your benefit payments, you should file the EFT Election at Retirement Form along with your retirement application.

For more information, please see the *Electronic Fund Transfer* brochure, which is available on the TRS website.

Retirement Payments

Generally, TRS is able to process a retirement benefit within three to five months of your effective retirement date. TRS issues advance payments approximately one to two months after your effective retirement date to provide you with retirement income as soon as possible. You will continue to receive an advance payment every month until your regular retirement allowance is initiated on payroll. For more information, please see the *Advance Payments* brochure.

Tier/Membership Reinstatement

If you are currently a Tier III, Tier IV, or Tier VI member and you want to file (or have already filed) for reinstatement under Tier II, **do not file this application. You must file a retirement application under your current tier.** TRS will process your retirement allowance based on your current tier. If you are deemed eligible for reinstatement, your retirement benefits will be recalculated under the appropriate tier and you will be sent a new application for retirement under that tier.

Chapter 126 Service Credit

When determining your eligibility for retirement plans in Part C of the retirement application, you should take into account your amount of Chapter 126 credit. You should be aware that Chapter 126 credit is listed on the Annual Benefits Statement. For more information about Chapter 126 credit, please see the *Chapter 126 Credit for Tier III Members* brochure.

Change of Information or Cancellation

You may change any information on your application after you have submitted it; TRS must receive your changes no later than one day before your effective retirement date. However, you may change your payment option election up to 30 days after your effective retirement date by filing the "QPP Retirement Payment Option Change Form" (code RW86). To make changes to your application, you may visit TRS' Member Services Center on the 2nd floor of 55 Water Street in lower Manhattan and review your changes with a Member Services Representative. If you cannot visit TRS, but wish to make changes to your application, then you must cancel your "Tier II Service Retirement Application" and submit a new one. You may cancel your application by submitting a "Cancellation Request Form" (code MI5). **TRS must receive this form at least one day before your effective retirement date, regardless of the date on which you mailed the form or the postmark date on the envelope.** Please note that you may **NOT** cancel your Service Retirement Application on or after your effective retirement date.

General

- When designating beneficiaries on this form, please provide their Social Security numbers (or alternative taxpayer ID numbers) and as much contact information as possible. This information will help TRS process any benefits that later become payable without unnecessary delay.
- For your convenience, TRS forms and publications are available on our website.

HOW TO COMPLETE THE TIER II SERVICE RETIREMENT APPLICATION

In Part A: PERSONAL INFORMATION

Provide all requested information.

In Part B: TDA ELECTION

If you are not a participant in TRS' TDA Program, you may skip this section.

If you are a participant in TRS' TDA Program, you will continue to maintain your account after you retire; this is sometimes called TDA Deferral status.

If you have any open TDA loans, you must continue to repay these loans during your retirement. You may repay your loan(s) through automatic deductions from your monthly retirement allowance (including any advance payments) or repay your outstanding loan(s) by making separate payments to TRS each month.

In Part C: RETIREMENT DATE AND PLAN ELECTION

You must elect an effective retirement date and a retirement plan. The available plans and eligibility requirements are summarized below. Note that TRS will calculate your retirement benefit under any retirement plan that you qualify for under your tier and will base your final retirement allowance on the plan that provides the highest calculated benefit. Please refer to the *Service Retirement Plans and Benefits for Tiers III* brochure for further descriptions of the retirement plans, their eligibility criteria, and the benefits payable under each plan. In general, payments begin at your retirement date. If you qualify for immediate payments of your retirement allowance, your effective retirement date would be considered your initial payability date. However, if you retire with deferred payments of your retirement allowance, your initial payability date would not be your effective retirement date, but rather the date that you meet all criteria to receive payment.

Members generally choose a deferred payability plan when they want to retire but have not yet attained the required amount of qualifying service for full benefits. Advancement toward the payability date begins from the date of your service termination.

PAYMENT PLAN	YEARS OF SERVICE	AGE	PAYMENT
Plan C – Immediate Unreduced	25+	62+	Unreduced as of your retirement date
	OR		
	30+	55 – 61	
Plan C – Immediate Reduced	25 – 30	55 – 61	Reduced as of your retirement date
Plan C – Deferred Unreduced	20 – 25	62+	Unreduced as of the date you would have completed 25 years of qualifying service
Plan C – Deferred Reduced	20 – 25	55 – 61	Reduced as of the date you would have completed 25 years of qualifying service
Plan D – Immediate Unreduced	5+	62+	Unreduced as of your retirement date
Plan D – Immediate Reduced	5+	55 – 61	Reduced as of your retirement date
Plan D – Vested Unreduced	5+	55 – 61	Unreduced as of your 62 nd birthday
	OR		
	30+	Under 55	Unreduced as of your 55 th birthday
Plan D – Vested Reduced	5 – 30	Under 55	Reduced as of your 55 th birthday
Age 55 Retirement Program	25+	55+	Unreduced as of your retirement date
Age 55 Retirement Program Vested Deferred Status	25+	Under 55	Unreduced as of your 55 th birthday

Note for members who participated in the Age 55 Retirement Program: If you are 62 or older at retirement, you may be eligible for the return of the *employee portion* of the Additional Member Contributions (AMCs) you made under this program, plus accrued interest. To receive these funds, you must a) retire under an Immediate Unreduced payment plan; b) be in active service at least one day prior to your effective date of retirement; and c) have been in active service for a total of at least six months out of each of the two twelve-month periods preceding your retirement.

If you qualify for a return of AMC funds, you would receive a separate payment from TRS; you do not need to take further action. However, please note two exceptions:

1. If you want this refund directly rolled over to an eligible Individual Retirement Arrangement or other successor program you must file the "Application for Withdrawal of Additional Member Contributions at Retirement" (code RW116) and the "QPP Direct Rollover Election Form" (code RW29) at this time.
2. If you have an outstanding QPP loan balance that you do not repay before retirement, TRS will offset your loan balance against the AMC refund—resulting in a lower (or zero) AMC refund amount. If you want to receive the full AMC refund and leave your QPP loan balance unpaid at retirement (which will result in a permanent reduction to your retirement allowance), you must file the "Application for Withdrawal of Additional Member Contributions at Retirement" (code RW116) at this time.

In Part D: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

You must elect **ONLY ONE** payment option in Part D for your retirement allowance and designate beneficiaries if your payment option includes that provision. In all cases, you would receive your retirement allowance for as long as you live. If you want to provide for beneficiaries, you have several choices, each of which would reduce the amount of your monthly retirement allowance. All payments to you and your beneficiaries are monthly and each payment option also enables you to choose a beneficiary for the fractional amount of your retirement allowance. You may add additional beneficiaries by filing the "Retiring Member's Additional QPP Beneficiary Form" (code EN22). For additional information about payment option elections, beneficiaries, and acceptable documents to prove your beneficiaries' dates of birth, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure. Please note that you may designate a trust only for lump-sum payments.

Your payment options are categorized as follows:

Maximum Payment Option

Lump-Sum Payment Options

- Option I
- Option IV-b

Guaranteed Number of Payments Options

- Option IV-d (5-Year Certain)
- Option IV-e (10-Year Certain)

Continuing Payment Options

- Option II
- Option III
- Option IV-a

Pop-up Options

- Option IV-2
- Option IV-3
- Option IV-4

If you elect a Continuing Payment or Pop-up Option:

- These options provide for only one beneficiary.
- Your beneficiary's age is a factor in computing the amount of your monthly retirement allowance payments; **therefore, you must submit proof of your beneficiary's date of birth in conjunction with this application.**
- You must provide your beneficiary's Social Security number on your application. This information is needed for TRS to pay your beneficiary without delay when benefits become payable. We ask you to provide complete contact information for your beneficiary to aid this process.
- You may not designate a trust or organization as your beneficiary.

In Part E: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE AND BENEFICIARY FOR DEATH BENEFIT #2

When designating beneficiaries on this form, please provide their Social Security numbers (or alternative taxpayer ID numbers) and as much contact information as possible. This information will help TRS process any benefits that later become payable without unnecessary delay.

Fractional Payment

In addition to any election you may have made in Part D, you must designate a beneficiary in Part E to receive any fractional payment that may be due for the month in which you die. This fractional payment would be payable provided that you do not die on the last day of the month; the payment would be based on the number of days that you are alive during that month. For example, if you die on the 21st day of a 30-day month, the beneficiary that you designate would receive a payment equaling 21/30 (or 70%) of your monthly retirement allowance.

- The beneficiary you designate to receive your fractional payment need not be the same beneficiary as you designate in Part D.
- You may change your fractional beneficiary designation at any time after you file the “Tier II Service Retirement Application” by filing a “Designation of QPP Fractional Beneficiary Form” (code EN24).
- If you have already established a trust, you may designate a person, organization, or trust as your beneficiary.
- If your beneficiary predeceases you, the fractional payment would be made to your estate unless you designate another beneficiary for this payment.

Death Benefit #2

If you had Death Benefit #2 coverage as an in-service member, you must designate a beneficiary to receive a lump-sum, post-retirement death benefit. This benefit is independent of any death benefit payable under a retirement payment option. The amount of this death benefit would be based on the death benefit in force on your retirement date. If you have already established a trust, you may designate your trustee as your beneficiary. The actual amount payable to your beneficiary would also depend on the amount of time between your retirement date and your death, as shown in the table below.

Year of Death After Retirement Date	Amount of Death Benefit #2
1st Year	50% of benefit in force on member's retirement date
2nd Year	25% of benefit in force on member's retirement date
3rd Year or later	10% of the death benefit in force on member's retirement date, or 10% of the benefit in force at age 60, whichever is greater.

Please note the following:

- The Death Benefit #2 beneficiaries you designate need not be the same as those you may designate in Part D.
- If your beneficiary predeceases you, the death benefit payment will be made to your estate.
- You may designate additional beneficiaries by filing a “Retiring Member’s Additional QPP Beneficiary Form” (code EN22) in conjunction with the “Tier II Service Retirement Application.”
- You may change your death benefit beneficiary designation(s) at any time after you file the “Tier II Service Retirement Application” by filing a “Change of Beneficiary Form for the Post-Retirement Death Benefit under Death Benefit #2” (code EN34).
- If you are covered under Death Benefit #1, there is no post-retirement benefit.

In Part F: INVESTMENT ELECTION AT RETIREMENT

At retirement, you have the opportunity to reallocate your accumulated QPP funds among TRS' Passport Funds. If you elect to do so, investment allocation changes need to be in multiples of 5% and must total 100%. The example below demonstrates how to complete Part F if you would like to invest 50% of your QPP funds in the Fixed Return Fund, 10% each in the Diversified Equity Fund, and the U.S. Equity Index Fund, and 15% each in the Balanced Fund and the Sustainable Equity Fund. (This is only an illustration, not a recommendation.) Your QPP funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

TRS' Passport Funds	Percentage			
Fixed Return Fund		5	0	%
Diversified Equity Fund		1	0	%
Balanced Fund		1	5	%
International Equity Fund			0	%
Sustainable Equity Fund		1	5	%
U.S. Equity Index Fund		1	0	%
International Equity Index Fund			0	%
TOTAL	1	0	0	%

Note: Any ongoing conversion of your funds that is not completed by your initial payability date would stop as of that date. You may change the way your QPP funds are invested, on a quarterly basis, by filing a "Retiree's QPP Investment Election Change Form" (code RP8) with TRS at any time. Investment election changes take effect on the following conversion dates: April 1, July 1, October 1, and January 1. Your elections would take effect on the next conversion date that occurs at least 60 days after TRS receives your form. Please be advised that investment election changes cannot be effected until the quarter after your retirement allowance has been finalized.

In Part G: AFFIRMATION OF UNDERSTANDING

You must sign and date the statement in the presence of a notary public, who must then complete Part H.

In Part H: NOTARIZATION

You must have this form notarized. The date in this notary section must be the same date that you enter in Part G.



Please print in black or blue ink, and initial any changes that you make on this application. For each selection that you make throughout this application, you must write your initials in the space provided and check the corresponding box.

PART A: PERSONAL INFORMATION

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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <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"/>
Personal 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"/>
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"/>			

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: TDA ELECTION

If you are not a participant in TRS' TDA Program, you may skip this section.

If you are a participant in TRS' TDA Program, you will continue to maintain your account after you retire; this is sometimes called TDA Deferral status.

If you have any open TDA loans, you must continue to repay these loans during your retirement.

Please select below how to repay your loan(s).

- I elect to repay my outstanding loan(s) through automatic deductions from my monthly retirement allowance (including any advance payments).
- I elect to repay my outstanding loan(s) by making separate payments to TRS each month.

PART C: RETIREMENT DATE AND PLAN ELECTION

Please indicate your retirement date. Your retirement date must be at least one day later than the date that TRS receives this application.

I would like my service retirement date to be (MM/DD/YYYY): / /

Please elect **ONLY ONE** of the retirement plans below. If TRS determines that a different retirement plan will provide a higher benefit, we will base your retirement allowance on that plan.

PAYMENT PLAN	YEARS OF SERVICE	AGE	PAYMENT
<input type="checkbox"/> Plan C – Immediate Unreduced	25+	62+	Unreduced as of your retirement date
	30+	55 – 61	
<input type="checkbox"/> Plan C – Immediate Reduced	25 – 30	55 – 61	Reduced as of your retirement date
<input type="checkbox"/> Plan C – Deferred Unreduced	20 – 25	62+	Unreduced as of the date you would have completed 25 years of qualifying service
<input type="checkbox"/> Plan C – Deferred Reduced	20 – 25	55 – 61	Reduced as of the date you would have completed 25 years of qualifying service
<input type="checkbox"/> Plan D – Immediate Unreduced	5+	62+	Unreduced as of your retirement date
<input type="checkbox"/> Plan D – Immediate Reduced	5+	55 – 61	Reduced as of your retirement date
<input type="checkbox"/> Plan D – Vested Unreduced	5+	55 – 61	Unreduced as of your 62 nd birthday
<input type="checkbox"/> Plan D – Vested Unreduced	30+	Under 55	Unreduced as of your 55 th birthday
<input type="checkbox"/> Plan D – Vested Reduced	5 – 30	Under 55	Reduced as of your 55 th birthday
<input type="checkbox"/> Age 55 Retirement Program	25+	55 +	Unreduced as of your retirement date
<input type="checkbox"/> Age 55 Retirement Program Vested Deferred Status	25+	Under 55	Unreduced as of your 55 th birthday

PART D: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

Please elect **ONLY ONE** of the payment options listed in Part D. Choose and complete any additional elections under your payment option. If you elect an option that provides a death benefit, you **must** designate a beneficiary. **In addition, all options require a beneficiary for your fractional payment.**

If you need to designate additional beneficiaries (primary, contingent, death benefit, or fractional), please file a “Retired/Retiring Member’s Additional QPP Beneficiary Form” (code EN22).

For more information about the percentage of your retirement allowance that you can leave your beneficiaries, please see the *Retirement Payment Options: Tiers III and TDA Annuitization Options* brochure.

PART D (continued)

MAXIMUM PAYMENT OPTION

_____ **Maximum Payment Option**

Highest monthly retirement allowance with no further benefits after your death.

THEN → Go to **Part E** to designate a beneficiary for a fractional payment and for Death Benefit #2.

LUMP-SUM PAYMENT OPTIONS

_____ **Option I**
Indicate payment option for Pension Reserve portion: _____
 (Choose an option other than Option I or Option IV-b.)

Payment to Beneficiaries

If you die before your monthly retirement allowance payments deplete your initial reserves, the remaining balance would be made payable in a lump sum to your beneficiaries.

OR

_____ **Option IV-b**
Indicate lump-sum payment to your beneficiaries:
 \$,000.

This option enables you to specify the lump-sum dollar amount to be paid to your beneficiaries upon your death. This amount is not reduced by the retirement allowance payments you receive. For your retirement allowance only, you must also elect a separate payment option (other than Option I or Option IV-b) for the Pension Reserve portion of your retirement allowance.

Circle fund (only one) that lump sum will be paid from:

- | | |
|----------------------|----------------------------|
| Fixed Return | Sustainable Equity |
| Diversified Equity | U.S. Equity Index |
| Balanced | International Equity Index |
| International Equity | |

Indicate payment option for Pension Reserve portion: _____
 (Choose an option other than Option I or Option IV-b.)

THEN → Designate your primary and contingent beneficiary below; then go to **Part E** to designate a beneficiary for a fractional payment and for Death Benefit #2.

DESIGNATION OF PRIMARY BENEFICIARY

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

PART D (Continued)

DESIGNATION OF CONTINGENT BENEFICIARY

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

GUARANTEED NUMBER OF PAYMENTS OPTIONS

Option IV-d (5-year certain)

Payment to Beneficiaries

Receives payments only if 60 payments have not been made before your death.

OR

Option IV-e (10-year certain)

Receives payments only if 120 payments have not been made before your death.

THEN

Designate your primary and contingent beneficiary below; then go to **Part E** to designate a beneficiary for a fractional payment and for Death Benefit #2.

DESIGNATION OF PRIMARY BENEFICIARY

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

DESIGNATION OF CONTINGENT BENEFICIARY

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

PART D (Continued)

CONTINUING PAYMENT OPTIONS

_____	<input type="checkbox"/> Option II		<p><u>Payment to Beneficiary</u> Lifetime payments equal to 100% of your reduced monthly retirement allowance.</p>
_____	<input type="checkbox"/> Option III	OR _____	<p>Lifetime payments equal to 50% of your reduced monthly retirement allowance.</p>
_____	<input type="checkbox"/> Option IV-a	OR _____	<p>Lifetime payments of your choice.</p>
	<p>Choose a percentage of your monthly retirement allowance payable as death benefit: <input type="text"/> <input type="text"/> % (50% and 100% not permitted.)</p>		
_____	<input type="checkbox"/> Option IV-2 ("Pop-up" option)*	OR _____	<p>Lifetime payments equal to 100% of your reduced monthly retirement payments. Lifetime payments as in Option II.</p>
_____	<input type="checkbox"/> Option IV-3 ("Pop-up" option)*	OR _____	<p>Lifetime payments equal to 50% of your reduced monthly retirement payments. Lifetime payments as in Option III.</p>
_____	<input type="checkbox"/> Option IV-4 ("Pop-up" option)*	OR _____	<p>Lifetime payments of your choice. Lifetime payments as in Option IV-a.</p>
	<p>Choose a percentage of your monthly retirement allowance payable as death benefit: <input type="text"/> <input type="text"/> % (50% and 100% not permitted.)</p>		

**If beneficiary predeceases you, your payments increase to the maximum.*

THEN *Designate a beneficiary below, completing all contact information; then go to **Part E** to designate a beneficiary for a fractional payment.*

DESIGNATION OF BENEFICIARY

Beneficiary Name:	<i>Check One:</i> Male <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:	Female <input type="checkbox"/>	Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	
Phone No.:	Email Address:	

PART E: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE AND DEATH BENEFIT #2 (All Payment Options)

Regardless of your election in Part D, you must designate a beneficiary to receive the fractional portion of your retirement allowance for the month in which you die and you must also designate a beneficiary for Death Benefit #2.

DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

DESIGNATION OF BENEFICIARY FOR DEATH BENEFIT #2

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

PART F: INVESTMENT ELECTION AT RETIREMENT

In the appropriate box(es) below, please designate how you would like your QPP funds allocated among TRS' investment programs. Your allocations must be in 5% multiples and add up to 100%. Your QPP funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

I wish to reallocate my QPP funds as indicated below:

TRS' Passport Funds	Percentage			
Fixed Return Fund				%
Diversified Equity Fund				%
Balanced Fund				%
International Equity Fund				%
Sustainable Equity Fund				%
U.S. Equity Index Fund				%
International Equity Index Fund				%
TOTAL	1	0	0	%

I wish to leave my funds invested as they are as of my retirement or payability date.

PART G: AFFIRMATION OF UNDERSTANDING

Please read below and enter the requested information. If you are an agent/legal representative signing on the member's behalf, please indicate this.

I understand that the filing of this application is irrevocable and cannot be withdrawn as of my initial payability date. I also affirm my understanding of the following:

- **ELECTRONIC PAYMENT:** *I understand that TRS pays retirement benefits by Electronic Fund Transfer (EFT) and that my payments (including advance payments) may be delayed if TRS does not have bank account information on file for me. I understand that, if I am currently paid on the City of New York payroll through direct deposit, I will be automatically enrolled in EFT. I also understand that I must file an "EFT Election at Retirement Form" (code BK66) to register my bank account information with TRS in the following circumstances: a) if I want my payments deposited in a different account; b) if I am not currently paid on the City payroll through direct deposit; or c) if I am currently paid on the City payroll in a position that does not entitle me to TRS membership (e.g., substitute or per diem teacher).*
- **REQUIRED DOCUMENTATION:** *I must submit proof of my date of birth and, in some cases, my beneficiaries' dates of birth.*
- **CHANGES AFTER FILING:** *Any changes I wish to make to this form must be made no later than one day prior to my initial payability date—with the exception of the payment options and beneficiaries that I elected in Part D, which may be changed within 30 days after my initial payability date.*
- **RETIREMENT PLAN ELECTION:** *TRS will calculate my retirement allowance under any retirement plan that I am eligible for under my tier, and I authorize TRS to base my retirement allowance on the plan that provides the highest calculated benefit, even if I did not elect that plan in Part C of this application.*
- **VERIFICATION OF SERVICE CREDIT:** *TRS will verify all service credit in my account as part of my benefit calculation. If TRS determines that I do not have sufficient service credit to retire under the plan I have elected, TRS may contact me to change my retirement plan or cancel my retirement application.*
- **RETURN OF ADDITIONAL MEMBER CONTRIBUTIONS (AMCs):** *I understand that, if I participated in the Age 55 Retirement Program and meet certain eligibility requirements, I may receive payment of the **employee portion** of my AMCs. I authorize TRS to make this separate payment to me (or to roll over the payment to a successor program(s), in accordance with the Instructions on page 4.)*
- **OVERPAYMENT RECOVERY:** *If TRS determines that my retirement benefits from TRS are overstated, I am required to repay (or my beneficiaries may be required to repay) the resulting deficit amount in full, in accordance with TRS' applicable rules. If the funds remaining are not sufficient to permit my financial institution to fully refund overpayments by TRS, I authorize and direct my financial institution to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.*

I affirm that, to the best of my knowledge, all information I have provided is true and correct. 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)
----------------	-------------------	-------------------

PART H: NOTARIZATION

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: _____



This page intentionally left blank.

