



## **INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- You may use this form to effect changes in your payment options for your retirement allowance under the Qualified Pension Plan (QPP) (Tiers I/II members only) and/or your annuity under the Tax-Deferred Annuity (TDA) Program (all tiers). In all cases, you must have chosen Options II, III, IV-a, IV-2, IV-3, or IV-4 for your payments.
- You must complete and submit a separate change form for each type of benefit (*i.e.*, QPP or TDA).
- Please complete this form only if both of the following are true: a) you are receiving your post-retirement payments under a payment option that provides for a beneficiary but does not allow you to change your beneficiary designation; and b) you want to change your payment option to the Maximum Payment Option as a result of a divorce or a dissolution of a relationship with the beneficiary.
- You must attach documents that provide legal proof of dissolution of relationship (*e.g.*, court documents, affidavits) to this form.
- Please note that receipt of this form does not constitute a valid filing unless your designated beneficiary under the payment option also files a "Beneficiary's Consent Form for Changes Under Section 13-565(c)" (code RP114) with TRS. We strongly urge you to discuss this matter with your designated beneficiary.
- 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.

**In Part A:** Provide all information requested.

**In Part B:** You must complete this part if you want to change your Qualified Pension Plan (QPP) (Tiers I/II members only) retirement allowance payment option or Tax-Deferred Annuity (TDA) Program annuity to the maximum, and you had retired under one of the options listed above.

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



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**CHANGE FORM FOR POST-RETIREMENT  
PAYMENT OPTION UNDER SECTION 13-565(c)**



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 (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 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) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

**PART B:** You must complete and submit a separate change form for each type of benefit.

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

*I hereby request to change my QPP retirement allowance (**Tiers I/II members only**) or TDA annuity to the maximum allowance, pursuant to Section 13-565(c) of the Administrative Code of the City of New York, which states the following:*

*"If the survivor beneficiary nominated [under a QPP retirement allowance or TDA payment option] is a spouse of the retired member, and such person by causes other than death ceases to be his or her spouse or is separated from him or her, or if such option was selected in contemplation of marriage which has not taken place, then [TRS] shall have authority to permit the change of the optional benefit to the maximum benefit that is the actuarial equivalent by and with the consent of all parties."*

*I designated \_\_\_\_\_ as my beneficiary under this option. At the time of the designation, (s)he was my spouse, or (s)he was so selected in contemplation of marriage. Since then, this beneficiary, by causes other than death, ceased to be my spouse, or is separated from me, or is no longer in contemplation of marriage with me. I have attached the pertinent legal documents that provide proof of the dissolution of this relationship.*

*\_\_\_\_\_ has consented to the requested change by completing the "Beneficiary's Consent Form for Changes Under Section 13-565(c)" (code RP114), which is attached hereto.*

☐ **CHECK HERE IF YOU ARE SIGNING AS AN AGENT.**

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
YOUR PRINTED NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

State of \_\_\_\_\_ )  
 ) s.s.:  
County of \_\_\_\_\_ )

Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_