



INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete this form only if both of the following are true: a) you are the beneficiary of a TRS member who is receiving post-retirement payments under a payment option that does not allow changes in beneficiary designation; and b) you consent to the member's request to change his/her payment option to the maximum allowance, as a result of divorce or dissolution of his/her relationship with you.
- Upon TRS' processing of this form and the member's "Change Form for Post-Retirement Payment Option Under Section 13-565(c)" (code RP113), you will no longer have rights to beneficiary payments based on the member's retirement allowance under the Qualified Pension Plan (QPP) (Tiers I/II members only) and/or annuity under the Tax-Deferred Annuity (TDA) Program; consequently, no such benefits would be payable to you from TRS as a result of the member's death.
- You must complete and submit a separate change form for each type of benefit (*i.e.*, QPP and TDA).

In Part A: Provide all information requested.

In Part B: You must complete this part if you are consenting to the request of the member who is filing to remove you as beneficiary of his/her Qualified Pension Plan (QPP) retirement allowance (Tiers I/II members only) and/or Tax-Deferred Annuity (TDA) Program annuity.

In Part C: You must have this form notarized.



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**BENEFICIARY'S CONSENT FORM FOR CHANGES
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 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: Please provide the information below.

| | | | |
|--------------------------------------|----------------------|----------------------|---|
| Beneficiary's 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"/> |
| Beneficiary's Permanent Home Address | | Apt. No. | 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"/> |
| City | State | Zip Code | 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"/> <input type="text"/> <input type="text"/> |
| TRS Member's First Name | MI | Last Name | TRS Retirement Number |
| <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.

PART B: Please complete this part if you are consenting to the request of the above-named member, who is filing to change his/her QPP retirement allowance (Tiers I/II members only) and/or TDA annuity payment option, consequently removing you as beneficiary.

I understand that _____, a TRS member, has requested to change the payment option for his/her benefit to the Maximum Payment Option.

This request was made 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 retirement 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 understand that I am the designated beneficiary of the above-named member, and that I was his/her spouse or in contemplation of marriage with him/her when (s)he selected a payment option. Since then, I have ceased to be his/her spouse, or am separated from him/her, or am no longer in contemplation of marriage with him/her. I am aware that the "Change Form for Post-Retirement Payment Option Under Section 13-565(c)" (code RP113) has been filed by the above-named individual, and I consent to the granting of the request explained therein.

I understand that, upon TRS' processing of this form and the form named above, I will not be entitled to any survivor benefit under this individual's original option election. I waive, release, and discharge the City of New York from any and all claims, demands, or benefits that I may have, or become entitled to, as a result of my prior designation with the same force and effect as if I had never been designated as beneficiary under his/her original election. I certify that I have executed this form of my own free will.

If signing as an agent, I certify that I have no knowledge or notice that my authority as his/her 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 C: 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: _____

