



ZERO RATE APPLICATION
FOR TIERS I/II MEMBERS ONLY



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 the back before completing this application.

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

PART A: All information must be provided 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"/>
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"/> <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"/>
			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"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address*; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date: / /

PART B: Please read the following and sign below.

I hereby elect to cancel my current rate of contribution to the QPP and elect a zero rate. I understand that doing so will increase the amount of my paycheck, but will reduce the amount of funds potentially available for my retirement allowance. I also understand that I may resume contributing to my QPP account in the future by filing a "QPP Contributions Change Application" (code IP1).

MEMBER'S SIGNATURE _____ DATE (M/D/Y) _____

PART D: 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: _____



INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete this application only if you are a Tier I or II member who a) has at least 20 years of qualifying service; b) has contributed more than your required Minimum Accumulation to your Annuity Savings Fund (ASF) account; and c) wants to stop making contributions to the Qualified Pension Plan (QPP). If you are eligible to elect a “zero rate,” you may also take an excess withdrawal by filing an “Excess Withdrawal Application” (code RW74).
- Your zero rate of contribution would take effect two pay periods after this application is approved.
- If you want to elect a contribution rate other than a rate of zero, you must instead file a “QPP Contributions Change Application” (code IP1).
- 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.