



INSTRUCTIONS
PLEASE READ CAREFULLY

Please file this form if:

You are on a payment plan of payroll deductions and you are:

- Paying a mandatory service deficit (*i.e.*, membership service deficit, transfer-in service deficit, membership service deficit for certain pensionable earnings received in addition to your regular pay, or deficits for related Additional Member Contributions (AMCs)); and/or
- Purchasing optional service credit (*i.e.*, prior or Amann service credit); or
- Paying AMCs for previously purchased optional service credit (*i.e.*, prior or Amann service credit).

And you want to:

- Change your payment option; and/or
- Change your term of payroll deductions.

Complete Part B if you want to do one or more of the following:

- Pay the *entire* balance of your mandatory service deficit. (Partial payments will not be accepted.)
- Pay *all or part* of the balance of your optional service credit.
- Pay the *entire* balance of your AMC payment for previously purchased optional service credit. (Partial payments will not be accepted.)

Complete Part C if you want to do the following:

- Change your term of payroll deductions for your mandatory service deficit payment, prior service credit purchase, or AMC payment for previously purchased prior service credit. Please note that you may change your term of payroll deductions only once *per calendar year* for mandatory service deficit payments, and only once *total* for prior service credit purchases and AMC payments for previously purchased prior service credit.

General Information

- If TRS determines that you are eligible to change your payment option or your term of payroll deductions, we will send you an updated Cost Letter and election form that describe your available payment options.
- If you want to stop your purchase of optional service credit, please do not complete this form. Instead, you should file a "Request to Terminate Purchase of Optional Service Credit" form (code SB32) with TRS.
- If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

PAYMENT PLAN CHANGE REQUEST FORM
FOR TIERS III, IV, AND VI MEMBERS



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.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="X X X - X X -"/> <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"/>
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"/>

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: If you want to pay your balance(s), check the applicable box(es) and write your initials in the space provided.

<input type="checkbox"/> Membership service deficit	<input type="checkbox"/> Transfer-in service deficit
<input type="checkbox"/> Membership service deficit for certain pensionable earnings received in addition to regular pay	<input type="checkbox"/> AMC deficit for membership service, transfer-in service, and/or certain pensionable earnings received in addition to regular pay
<input type="checkbox"/> Prior service credit	<input type="checkbox"/> Amann service credit
<input type="checkbox"/> AMC payment for previously purchased prior service credit	<input type="checkbox"/> AMC payment for previously purchased Amann service credit

PART C: If you want to change your term of payroll deductions, check the applicable box and write your initials in the space provided.

<input type="checkbox"/> Membership service deficit	<input type="checkbox"/> Transfer-in service deficit
<input type="checkbox"/> Membership service deficit for certain pensionable earnings received in addition to regular pay	<input type="checkbox"/> AMC deficit for membership service, transfer-in service, and/or certain pensionable earnings received in addition to regular pay
<input type="checkbox"/> Prior service credit	<input type="checkbox"/> AMC payment for previously purchased prior service credit

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

I certify that I am currently paying a mandatory service deficit, purchasing optional service credit, or paying AMCs for previously purchased optional service credit through a payment plan of payroll deductions. I want to change my payment option or my term of payroll deductions. I understand that, if I am eligible, TRS would send me an updated Cost Letter and election form that describe my available payment options. I affirm that, to the best of my knowledge, all the information I have provided above is true and correct.

If signing as an agent, 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)