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**INSTRUCTIONS**

PLEASE READ CAREFULLY

Please complete this form if you a) terminated your employment with vested rights under the Qualified Pension Plan (QPP) and b) are a Tax-Deferred Annuity (TDA) Program participant who wants to elect TDA Deferral status.

You must file this form within 30 days of the date on the letter from TRS that informed you of your vested rights.

Electing TDA Deferral status will enable you to maintain your TDA account with TRS (receiving interest/ investment return), maintain an existing TDA loan, take out a new TDA loan, and change your TDA investment elections. These opportunities would not be available to you otherwise.

To retain TDA Deferral status (and all rights described above) beyond your retirement date, you must elect TDA Deferral status again—either as part of your retirement application e-form or by filing a “TDA Deferral Status Election Form for Retiring Members” (code TD30) in conjunction with your paper retirement application.

After your retirement date, you may elect to annuitize your TDA funds or withdraw a portion or all of these funds; however, doing so may affect your TDA Deferral status.

In general, TDA distributions are required for members who have left service (having elected TDA Deferral status) and who have reached age 73 by December 31 of a given year. These distributions are in accordance with the Required Minimum Distribution (RMD) guidelines established by the Internal Revenue Service (IRS).

For more information about distribution requirements and other features of TDA Deferral status, please consult the *TDA Deferral Status* and *Required Minimum Distributions for Members* brochures.

For your convenience, TRS forms and publications are available on our website.

**You must complete all parts of this form.**

**In Part A:** All information must be provided.

**In Part B:** You must provide the requested information and sign and date this form.





**TDA DEFERRAL STATUS ELECTION FORM**  
FOR VESTED 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 before completing this form.**

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

**PART A:** All information must be provided.

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 Membership/Retirement Number
<input type="text"/>	<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).

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

*I have resigned or have been terminated from my TRS-eligible position with vested rights as of \_\_\_\_\_.*  
MM/DD/YYYY

*I am filing this form to elect TDA Deferral status, which provides me with the rights described on the reverse side of this form. I understand that, at retirement, I must make a separate election to retain TDA Deferral status beyond my retirement date under the QPP.*

*If I am signing as an agent of the individual 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)