



INSTRUCTIONS

PLEASE READ CAREFULLY

- **Please complete this application to request a refund of a Tax-Deferred Annuity (TDA) Program contribution(s) that was (were) erroneously deducted from your paycheck(s).**
- **You will automatically receive your refund via Electronic Fund Transfer (EFT) if you are paid on the City of New York payroll and receive your paychecks through direct deposit. Your refund will be sent to the account where your paychecks are deposited. If the EFT process cannot be completed, we would send you a refund check under separate cover.**
- **Please do not file this application if you are requesting a Qualified Pension Plan (QPP) refund; you should instead file an "Erroneous QPP Contribution Refund Application" (IP12).**
- **If you have any questions, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.**

In Part A: All information must be provided.

In Part B: You must provide the information requested and attach a copy of each paystub showing an erroneous deduction(s).

In Part C: In accordance with the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, 10% will automatically be withheld from your refund unless you indicate in this part not to have this withholding applied. You would be able to claim the amount withheld as tax paid on your federal income tax return for the year of distribution.

After filing this form, you may revoke your election by writing to TRS before distribution is made; generally, TRS issues payments on the first payroll that occurs at least 60 days after TRS receives your application. However, please be advised that a request made in this period may delay your payment or may not be possible for TRS to implement.

If your payments of estimated tax and withholding are not sufficient under the Internal Revenue Code, you may be subject to tax penalties. Therefore, you may want to discuss this matter with your personal tax advisor.

In Part D: You must provide the information requested and sign and date this application.



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**ERRONEOUS TDA CONTRIBUTION
REFUND APPLICATION**



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"/> <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/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) with TRS.

PART B: Please complete the information below and **attach a copy of each paystub showing an erroneous deduction(s).**

<u>DATE OF PAYCHECK (MM/DD/YYYY)</u>	<u>AMOUNT</u>
<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"/> <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"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>

PART C: Please make ONE election below and write your initials next to your choice.

___ ☐ No. I elect **not** to have 10% withheld from my refund from TRS as federal income tax. I understand that I am liable for any federal income tax that may be due on this amount, and that I may be subject to tax penalties if my payments of estimated tax and withholding are not sufficient under the Internal Revenue Code.

___ ☐ Yes. I elect to have 10% withheld from my refund from TRS as federal income tax. I understand that I may claim the withheld amount as tax paid on my tax return for the year of distribution. I understand that I am liable for any additional federal income tax that may be due on this amount, and that I may be subject to tax penalties if my payments of estimated tax and withholding are not sufficient under the Internal Revenue Code.



PART D: Please complete the following and sign and date below.

I certify that, as of the date of this application, I am:

- ☐ *In active service.* (This includes leaves of absence.)
- ☐ *Resigned or terminated.* My resignation/termination date was _____.
(Month/Day/Year)
- ☐ *Retired.* My retirement date was _____.
(Month/Day/Year)
- ☐ *The beneficiary of a deceased TRS member.* (Please ensure that a "Confirmation of Member's Death Form" (DB2b) has been filed with TRS.)

I am filing this application to request a refund of an erroneous TDA contribution(s). I have attached a copy of each paystub showing an erroneous deduction(s).

I understand that 10% of my refund will automatically be withheld unless I have specifically indicated in Part C of this form that I do not want this withholding applied. The amount withheld may be claimed as tax paid for the year of this distribution.

I hereby acknowledge that I am required to reimburse TRS for the refund of any contribution that is subsequently canceled.

MEMBER'S SIGNATURE _____ DATE (MM/DD/YYYY) _____