

**SAVE TIME – GO ONLINE!**

Did you know that if you are a retiree, you can establish an account for Electronic Fund Transfer (EFT), or change your current EFT information, in the secure section of our website? Instead of risking mail delays, timing issues, and errors on your form, you can go online and get your EFT request to TRS instantly. And, if you go online, you can establish and manage more than one account.

For more information, please read our *Electronic Fund Transfer* brochure, which is available on our website.

When to File This Form

You may file this form if you are a TRS retiree, TRS beneficiary, or alternate payee of a TRS member and you want to establish an EFT account for the Qualified Pension Plan (QPP) and/or Tax-Deferred Annuity (TDA) Program payments you receive from TRS. The account you designate to receive your EFT payments on this form will receive *all* of your payments from TRS. If you are a retiree and want to designate different accounts for different types of TRS payments, you must do so online.

Where to Mail Your Form

- For increased security of your account information, please mail this form and any required documentation to the address below:
Teachers' Retirement System of the City of New York
Bowling Green Station
PO Box 5005
New York, NY 10274

Documentation You Must Provide

- When you submit this form, you must provide supporting documentation:
 - An Authorization Letter on bank letterhead from your bank. The letter must be signed by a bank officer and indicate the owner(s) of the account, the type of account, the complete account and routing numbers, the bank branch location, and the branch officer's contact information; **OR**
 - A preprinted, voided check or direct deposit authorization form, plus a copy of a valid (unexpired) photo identification that was issued by a U.S. federal or state government agency and includes your date of birth.

EFT General Provisions

- The financial institution that you choose for EFT must participate in the Automated Clearing House (ACH) program. Please contact your financial institution if you are unsure it participates in this program.
- You must designate either a bank checking or savings account to enroll in EFT. This account may be a single or joint account. Please note that trust accounts, certain money-market accounts, and certain investment companies are not eligible to receive EFT deposits.

After You File Your Form

- Upon receipt of your correctly completed form and supporting documentation, TRS will send you a confirmation letter. For payments that you receive on a monthly basis (e.g., retirement allowance payments), it generally takes 15 to 45 days from the date that TRS receives your form and documentation for your EFT account to be established. For other types of payments (e.g., loans and refunds), it generally takes 7 days from the date that TRS receives your form supporting documentation; however, in some cases, up to 30 days may be required.

If You Have Questions

- If you require additional assistance, please contact TRS' Member Services Center at 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"/>
Permanent Home Address	Apt. No.		TRS Membership/Retirement/Beneficiary 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) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

PART B: Please provide all requested information below.

Your EFT Account Information

Provide all information regarding the bank account you want to designate to receive all your payments from TRS.
(You cannot designate a trust account.)

Bank Name: _____

Mailing Address: _____

Name of Account Holder: _____

Name(s) of Joint Account Holder(s): _____

Account Type: Checking Savings

Routing Number

Account Number



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

I hereby authorize the implementation of the instructions indicated on this form to initiate EFT.

I authorize and direct my bank to immediately refund any overpayments to TRS, including all payments made by TRS on or after the date of my death, and to charge the same to my bank account. TRS' certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining are not sufficient to permit my bank to fully refund overpayments by TRS, I authorize and direct my bank to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.

I understand that I must provide the supporting documentation described on page 1 of this form in order for my EFT to be initiated. I also understand that this EFT authorization will remain in effect until I request TRS to cancel it. I further understand that if my account is closed, or my bank closes, my EFT would be suspended, and I would need to file another EFT request with updated information to reinstate my EFT. I affirm that, to the best of my knowledge, all 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 member's/beneficiary's 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)

PLEASE MAIL THIS FORM AND ANY REQUIRED DOCUMENTATION TO TRS AT
BOWLING GREEN STATION, PO BOX 5005, NEW YORK, NY 10274.

