



## INSTRUCTIONS

PLEASE READ CAREFULLY

- This form may be filed **ONLY** by a TRS member receiving a lump-sum disability benefit or by a TRS member's surviving spouse who is the designated spouse beneficiary.
- This form must be filed in order to roll over all or part of the *taxable* portion of a distribution (*i.e.*, a member's lump-sum disability benefit or a spouse beneficiary's lump-sum death benefit) received from TRS' Qualified Pension Plan (QPP) to one or more Individual Retirement Arrangements (IRAs) or Section 401 Plans; any *tax-free* portion is not eligible for rollover and must be paid directly to you. (Note for Tiers III, IV, and VI members: The entire balance in the Annuity Savings Accumulation Fund (ASAF) is taxable.)
- Do not file this form if you want 100% of your distribution paid directly to you; in this case, you only need to file one of the forms listed in the next bullet. Do not file this form if you want to withdraw funds from the Tax-Deferred Annuity (TDA) Program account; separate forms exist for that purpose.
- This form must be filed in conjunction with one of the following forms in order to be considered valid: 1) "Claimant's Statement" (code DB17); or 2) "Lump-Sum Disability Benefit Application" (code DI25); or 3) "Lump-Sum Disability Election Form" (code DI26).
- 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.

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

**In Part A:** For TRS members only: You must provide all information.

**In Part B:** For Spouse Beneficiary only: You must provide all information about the deceased TRS member.

**In Part C:** For Spouse Beneficiary only: You must provide all information about yourself.

**In Part D:** You must elect how your benefit will be distributed.

**If you elect #1**, TRS will directly roll over 100% of your benefit to the eligible IRA(s) or Section 401 Plan(s) that you name. You may list a maximum of three eligible programs under this election.

**If you elect #2**, TRS will distribute your benefit by a combination of two methods: 1) Direct Payment by check and 2) Direct Rollover to the eligible IRA(s) or Section 401 Plan(s) that you name. You may list a maximum of two eligible programs under this election. Please note the following:

- If you write in the percentage(s) you wish to designate for each distribution method (*i.e.*, Direct Payment and Direct Rollover), the total must equal 100%; otherwise, your form(s) would be canceled.

- If you know the exact amount of your distribution, you may write in the dollar amount you wish to designate for each distribution method (*i.e.*, Direct Payment and Direct Rollover).
- If you do not know the exact amount of your distribution, you may designate a dollar amount for one distribution method and write “the balance” in the “\$” box for the remaining distribution method.

**In Part E:** You must sign and date this form as either a TRS member or a Spouse Beneficiary, as applicable.

### **GENERAL PROVISIONS**

- Internal Revenue Service (IRS) rules require that TRS withhold 20% of any taxable portion of this benefit that you do not instruct TRS to directly roll over into an IRA(s) or Section 401 Plan(s). This 20% would be sent to the IRS as credit toward your federal taxes for the year of distribution. (Within 60 days of the distribution date, you may roll over any taxable amount you receive, or roll over the entire amount of the distribution by replacing the 20% withheld by TRS with money from other sources.)
- Any amount that is distributed through a Direct Rollover is not taxable until it is received as income. The 20% withholding will not apply to these amounts.
- The minimum amount that TRS will directly roll over to a successor program is \$200. (This minimum amount may be greater depending on the successor program’s minimum requirements.)
- Any payment of less than \$200 will be sent directly to you and will not be subject to the 20% withholding; this includes any payment based on a percentage election made on this form that is calculated to be less than \$200.

**QPP DIRECT ROLLOVER ELECTION FORM**  
**FOR WITHDRAWAL/DISTRIBUTION OF LUMP-SUM DISABILITY**  
**BENEFIT/DEATH BENEFIT**



TEACHERS' RETIREMENT SYSTEM  
 OF THE CITY OF NEW YORK (TRS)  
 55 Water Street, New York, NY 10041  
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**Please read the instructions on pages 1 and 2 before completing this form.**  
**(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)**

**PART A:** To be completed by TRS member; 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
<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:** To be completed by Spouse Beneficiary; please provide the information below about the deceased member of TRS.

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"/>
Date of Birth (M/D/Y)	Date of Death (M/D/Y)		TRS Membership/Retirement Number
<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:** To be completed by Spouse Beneficiary; please provide the information below about yourself.

First Name	MI	Last Name	Social Security Number
<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.		Date of Birth (M/D/Y)
<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"/>
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"/>

**PART C** (continued):

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 file a "Beneficiary's Change of Address Form" (code DM14) with TRS.

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

**PART D:** Please elect **ONE** of the following two choices (#1 or #2), and write your initials in the space provided next to your choice.

**#1:** I want **100%** of the taxable portion of this benefit **DIRECTLY ROLLED OVER** to the eligible IRA(s) or Section 401 Plan(s) that I name below; I understand that I may list up to three programs. (I also understand that any tax-free portion of this distribution is not eligible for rollover and will be paid directly to me.)

I want  % (or \$  ) of my benefit to be directly rolled over to:

**PROGRAM #1**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401 Plan	
Name of Fund/Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I want  % (or \$  ) of my benefit to be directly rolled over to:

**PROGRAM #2**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401 Plan	
Name of Fund/Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART D** (continued):

I want  % (or \$ ) of my benefit to be directly rolled over to:

**PROGRAM #3**

Name of Firm <input type="text"/>	Type of Account (Please check one) <input type="checkbox"/> IRA <input type="checkbox"/> Section 401 Plan		
Name of Fund/Account <input type="text"/>	Account Number <input type="text"/>		
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

#2: I want this benefit to be distributed by the following combination of methods:  
(I understand that any tax-free portion of this distribution is not eligible for rollover and will be paid directly to me.)

I want   % (or \$ ) of this benefit PAID DIRECTLY to me in a check. I understand that TRS is required to withhold 20% of the taxable amount distributed to me, that this withheld amount will be forwarded to the IRS, and that I may claim the amount withheld as federal tax paid on my tax return for the year of distribution.

**AND**

I want   % (or \$ ) of the taxable portion of this benefit to be DIRECTLY ROLLED OVER to the eligible IRA(s) or Section 401 Plans that I name below; I understand that I may list up to two programs.

I want  % (or \$ ) of my benefit to be directly rolled over to:

**PROGRAM #1**

Name of Firm <input type="text"/>	Type of Account (Please check one) <input type="checkbox"/> IRA <input type="checkbox"/> Section 401 Plan		
Name of Fund/Account <input type="text"/>	Account Number <input type="text"/>		
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

**PART D** (continued):

I want  % (or \$  ) of my benefit to be directly rolled over to:

**PROGRAM #2**

Name of Firm	Type of Account (Please check one)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401 Plan	
Name of Fund/Account	Account Number		
<input type="text"/>	<input type="text"/>		
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART E:** Please read the following and sign and date as applicable.

*I certify that I have read the instructions and information on this form.*

*I certify that the successor program(s) named above is qualified to receive this Direct Rollover under the applicable provisions of the Internal Revenue Code. I acknowledge that such certification is provided as a basis for TRS' reasonable reliance on same.*

*I am aware that, by law, I must be given notice of a distribution not less than 30 days, or more than 90 days, prior to receiving it. I hereby waive this right.*

***I certify that I am a TRS member receiving a lump-sum disability benefit.***

MEMBER'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

**OR**

***I certify that I am a TRS member's designated spouse beneficiary.***

SPOUSE BENEFICIARY'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_