



INSTRUCTIONS

PLEASE READ CAREFULLY

- **As a TRS member, you are required to contribute to the Qualified Pension Plan (QPP). The Office of the Actuary determines the QPP contribution rate for Tier I/II members. This rate is known as your Certified Rate of contribution and is based on factors such as your age and credited prior service. Contributing at this rate will ensure that you meet the minimum accumulation required for full retirement benefits. Since your contributions to the QPP are a factor in determining your retirement allowance, contributing at a rate lower than the Certified Rate may result in a reduced retirement allowance. Please complete this application only if you are a Tier I/II member who wants to change the rate of your contributions to the QPP.**
- **Members who have met their Minimum Accumulation and would like to stop contributing to the QPP may file a "Zero Rate Application" (code RW73) instead of this application.**
- **If you designate a new QPP contribution rate in Part C of this form, TRS will forward your application to the Office of the Actuary, which must approve your election before a change to your QPP contribution rate can be implemented.**
- **ONLY Tier I or Tier II members may file this application.**
- **For your convenience, TRS forms and publications are available on our website.**

In Part A: All information must be provided.

In Part B: In this section, you may change your QPP contribution rate by changing your Social Security and Increased-Take-Home-Pay (ITHP) elections. Only complete this section if you want to change your Social Security and ITHP elections. If you want to designate a new contribution rate, please complete Part C instead of Part B.

In Part B, you may elect to **reduce** your current contribution rate, which will increase the gross amount of your paycheck but decrease the contributions to your TRS funds. You may elect both Option #1 and Option #2.

OPTION #1: By electing Option #1, you may reduce your current QPP contribution rate by the Social Security deduction rate, which is currently 7.65%. Please note that making this election may result in a very low (or zero) QPP contribution rate. For example, if your current QPP contribution rate is 9%, electing this option will reduce it to 1.35%. In addition, electing this option will increase the gross amount of your paycheck.

OPTION #2: By electing Option #2, you may reduce your current QPP contribution rate by the ITHP rate, which is currently 2.5%. For example, if your current QPP contribution rate is 9%, electing this option will reduce it to 6.5%. Electing this option will increase the gross amount of your paycheck.

If you had previously filed a “QPP Contributions Change Application” to reduce your QPP contribution rate, you may use this form to cancel one, or both, of your previous elections. You may also elect to complete Part C in conjunction with these options (see below).

CANCEL OPTION #1: If you had previously elected to decrease your QPP contribution rate by the Social Security deduction rate, you may cancel that election here. Your QPP contribution rate will be increased by 7.65%. The gross amount of your paycheck will be reduced because your Social Security deductions will be paid separately.

CANCEL OPTION #2: If you had previously elected to decrease your QPP contribution rate by the ITHP deduction rate, you may cancel that election here. Your QPP contribution rate will be increased by 2.5%. The gross amount of your paycheck will be reduced because you will be making 2.5% additional contributions to your QPP account to provide a higher annuity benefit upon retirement.

In Part C: In this section, you may designate a new QPP contribution rate that is greater or less than your current contribution rate, but not less than your Certified Rate. In the space provided, you may enter a percentage with up to two decimal places (*e.g.*, 4.25%). You may also elect options from Part B of this form if you want to change your ITHP or Social Security deductions (see above).

Please note that the rate you elect must be approved by the Office of the Actuary. The Office of the Actuary may reject your election if it is deemed too low to meet the Minimum Accumulation required for full retirement benefits (*i.e.*, if it is less than your Certified Rate).

You will be notified by TRS if your election is rejected by the Office of the Actuary.

In Part D: You must sign and date this application.



NOTE: Please print in black or blue ink, and initial any changes that you make on this form. For each selection that you make throughout this application, you must write your initials in the space provided and check the corresponding box.

PART A: PERSONAL INFORMATION Please provide the information below.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <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"/>
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 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: QPP CONTRIBUTION RATE CHANGE ELECTION To make an election below, put a checkmark in the applicable boxes and write your initials next to your choice in the space provided.

___ **OPTION #1: REDUCE YOUR CURRENT QPP CONTRIBUTION RATE BY THE CURRENT SOCIAL SECURITY DEDUCTION RATE**

I elect to reduce my current QPP contribution rate by the current Social Security deduction rate of 7.65%. I understand that making this election will increase the gross amount of my paycheck but that it may result in a very low (or zero) QPP contribution rate.

___ **OPTION #2: REDUCE YOUR CURRENT QPP CONTRIBUTION RATE BY THE INCREASED-TAKE-HOME-PAY (ITHP) RATE**

I elect to reduce my current QPP contribution rate by the current Increased-Take-Home-Pay (ITHP) deduction rate of 2.5%. I understand that making this new election will increase the gross amount of my paycheck.

___ **CANCEL OPTION #1 ABOVE**

I elect to cancel my previous election to decrease my QPP contribution rate by the Social Security deduction rate. My QPP contribution rate will be increased by 7.65%. I understand that the gross amount of my paycheck will be reduced because my Social Security deductions will be paid separately.

___ **CANCEL OPTION #2 ABOVE**

I elect to cancel my previous election to decrease my QPP contribution rate by the ITHP deduction rate. My QPP contribution rate will be increased by 2.5%. I understand that the gross amount of my paycheck will be reduced because my ITHP funds will be paid to my QPP account, thereby providing a higher annuity benefit upon retirement.

PART C: NEW QPP CONTRIBUTION RATE ELECTION To make the election below, put a checkmark in the box, write your initials next to your choice in the space provided, and enter the percentage at which you would like to contribute to the QPP.

DESIGNATE A NEW QPP CONTRIBUTION RATE (NOT LESS THAN YOUR CERTIFIED RATE)

I elect to change my contribution rate to _____%. I understand that the Office of the Actuary may reject my election if it is deemed too low to meet the Minimum Accumulation required for full retirement benefits (i.e., if it is less than my Certified Rate). I understand that my current elections concerning ITHP and Social Security deductions will remain in effect unless I change them by making another election above.

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

I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

If signing as an agent of the member 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)