

**RETIREMENT ALLOWANCE
SUSPENSION/RESUMPTION FORM**



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

(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 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/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"/> <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.

- **TRS service retirees under age 65 who anticipate that their earnings for this year in public employment with New York State or any of its political subdivisions will exceed their earnings limit under Section 211 or Section 212 of the Retirement and Social Security Law may voluntarily suspend their retirement allowance under the Qualified Pension Plan (QPP).**
- **You may use this form to authorize TRS to suspend your retirement allowance on a given payroll. You may also file this form to authorize TRS to resume your allowance if you previously elected to suspend it. If your retirement allowance is restored and you subsequently exceed your earnings limit, your retirement allowance would be suspended. Any retirement allowance payment you were entitled to receive would be paid to you once your allowance is restarted.**
- **Please be advised that changes usually take 30 to 60 days from TRS' receipt of this form to process. If you do not specify a restoration date for your retirement allowance, it would remain suspended until you file another "Retirement Allowance Suspension/Resumption Form" indicating the month you want your retirement allowance restarted.**
- **If you are repaying a Tax-Deferred Annuity (TDA) Program loan(s) through automatic deductions from your retirement allowance, you would need to send direct loan payments to TRS if your retirement allowance is suspended; in this case, you would receive a notification letter from TRS providing more details. When your retirement allowance resumes, you may choose to have your loan payments automatically deducted by filing a "Request to Change TDA Loan Repayment Method" (code LO105) with TRS.**
- **A summary of your earnings after retirement and related features are available in the secure section of our website. For more information on this topic, consult TRS' *Earnings After Retirement* brochure and the frequently asked questions (FAQs) on our website.**
- **If you require additional assistance, contact our Member Services Center at 1 (888) 8-NYC-TRS.**

PART B: Please provide the requested information and the type of waiver under which you are currently working.

Current Employer (e.g., New York City Department of Education, City University of New York)

Section 211 Section 212

Current Work Address

City State Zip Code

PART C: Please make an election below, and write your initials in the space provided next to your choice. You must also sign and date the form. The following options are available:

- You may elect to suspend your retirement allowance on the first available payroll after TRS has processed this form, or at a later monthly payroll of your choice. To do so, please elect #1 to indicate the month and year you want the suspension to occur, or write "next available" if you want your allowance suspended on the next available payroll.
- If you elect #1, you may also direct TRS to restore your retirement allowance on the monthly payroll of your choice.
- If your retirement allowance is currently under suspension, you may elect #2 to restore your retirement allowance on the first available payroll after TRS has processed this form.

#1 I hereby authorize TRS to suspend my retirement allowance under the QPP because I expect to exceed Section 211 or Section 212 earnings limits for this year. I understand that any annuity payments I am receiving under the Tax-Deferred Annuity (TDA) Program will not be affected by this election. Please suspend my retirement allowance on the _____ (indicate Month/Year, or "next available") payroll. Please restore my retirement allowance on the _____ (indicate Month/Year) payroll. I understand my retirement allowance may be suspended if I subsequently exceed Section 211 or Section 212 earnings limits for this calendar year. If I have already exceeded earnings limits for the calendar year, I understand that TRS cannot restore my retirement allowance until the next calendar year.

#2 I hereby authorize TRS to reinstate my retirement allowance under the QPP. I understand that my retirement allowance may be suspended if I subsequently exceed Section 211 or Section 212 earnings limits for this calendar year. Please reinstate my retirement allowance on the next available payroll. If I have already exceeded earnings limits for the calendar year, I understand that TRS cannot restore my retirement allowance until the next calendar year.

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)

PART D: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of _____)
) s.s.:
 County of _____)

On the _____ day of _____, _____, before me personally appeared the person known to me to be _____, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: _____

Official Title: _____ Expiration Date of Commission: _____