



INSTRUCTIONS

PLEASE READ CAREFULLY

- **Please file this application if you elect to withdraw (and/or directly roll over) the employee portion of your Additional Member Contributions (AMCs).**
- **You may use this application if you were previously enrolled in the Age 55 Retirement Program and one of the following applies:**
 - **You retired at age 62 or above and met the following requirements:**
 - **You were in active service immediately prior to your effective retirement date;**
 - **You were in active service for a total of at least six months out of each of the two twelve-month periods preceding your retirement.**
 - **You retired under Ordinary Disability or Accident Disability retirement.**
- **If you elect to directly roll over all or part of the taxable portion of your withdrawal to one or more eligible Individual Retirement Arrangements (IRAs) or other successor programs, you must attach a completed "QPP Direct Rollover Election Form" (code RW29) with this application. In all cases, the tax-free portion of your withdrawal will be paid directly to you.**
- **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.**

In Part A: All information must be provided.

In Part B: You must elect how your withdrawal will be distributed.

You may elect to receive your withdrawal through one of the following methods or a combination:

- Direct Withdrawal, in which the withdrawal would be made payable directly to you.
- Direct Rollover, in which all or part of the taxable portion of your withdrawal would be made payable directly to an eligible IRA(s) or other successor program(s).

If you are receiving payments from TRS via Electronic Fund Transfer (EFT) to your checking or savings account, you may be eligible to have your Direct Withdrawal also forwarded to this account. If you are not eligible to receive your withdrawal via EFT, it will be mailed to your home address.

If you elect to directly roll over all or part of your withdrawal of your AMCs, you must file a "QPP Direct Rollover Election Form" in conjunction with this application.

In Part C: You must read the attestation and sign and date this form.

In Part D: You must have this application notarized.

TAX CONSEQUENCES

- The taxable portion of any withdrawn Qualified Pension Plan (QPP) funds is taxable upon receipt and will be reported to the Internal Revenue Service (IRS) in January following the calendar year in which it is distributed. The IRS requires that TRS withhold 20% of any taxable amount you withdraw that you do not instruct TRS to directly roll over into an eligible IRA(s) or other successor program(s). This 20% will be forwarded to the IRS and credited toward your 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.)



APPLICATION FOR WITHDRAWAL OF
ADDITIONAL MEMBER CONTRIBUTIONS
AT RETIREMENT



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 before completing this application.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this application.)

PART A: All information must be provided.

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 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: Please elect ONE of the following choices and write your initials in the space provided next to your choice.

☐ **I want 100% of my withdrawal paid directly to me.** I understand that TRS is required to withhold 20% of the taxable amount distributed, that this amount will be forwarded to the IRS, and that I may claim the amount as federal tax paid on my tax return for the year of distribution.

Please elect how you would like to receive your payment; see EFT eligibility requirements on page 1.

☐ by Mail ☐ via EFT (If you are ineligible to receive your payment via EFT, a check will be mailed to your home address.)

OR

☐ **I want to roll over ALL OR PART of the taxable portion of my withdrawal,** and I have therefore attached a "QPP Direct Rollover Election Form" (code RW29) to this form.



PART C: Please complete the following and sign and date below in the presence of a notary.

I certify that I have retired from my TRS-eligible position and hereby apply to withdraw the employee portion of my Additional Member Contributions (AMCs). I have read the accompanying instructions, including the eligibility requirements for this withdrawal, and I certify that the information I have provided above is accurate to the best of my knowledge.

MEMBER'S SIGNATURE _____ DATE (M/D/Y) _____

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: _____

