



INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete this form if you are currently purchasing optional service credit (*i.e.*, prior or Amann service credit) through a payment plan of payroll deductions and you would like to stop the purchase.
- If you would like to pay off the balance of your optional service credit with a payment option other than payroll deductions, please do *not* file this form. Instead, please file a "Payment Plan Change Request Form" (code SB29) with TRS.
- After your optional service credit purchase has stopped, you may resume the purchase of your service credit by sending a written request to TRS at any time before your effective retirement date. TRS will calculate the total cost of your remaining service credit, including additional interest charges that would accrue, and send you an updated Cost Letter and purchase election form indicating the amount of your remaining service credit, the cost to pay off this balance, and your available payment options.
- Any previous purchase of optional service credit is generally irrevocable and may be refunded only if you leave service and withdraw your funds from TRS (and thereby forfeit your TRS membership).
- You may not elect to stop the payment of any mandatory service deficit (*i.e.*, membership service deficit, transfer-in service deficit, or membership service deficit for certain pensionable earnings received in addition to your regular pay). However, you may elect to pay off the balance of your mandatory service deficit by filing a "Payment Plan Change Request Form" with TRS.
- If you require additional assistance, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.

In Part A: Provide all information requested.

In Part B: Check the appropriate box to indicate which type of optional service credit purchase you want to terminate.

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



**REQUEST TO TERMINATE PURCHASE
OF OPTIONAL SERVICE CREDIT
FOR TIERS III, IV, AND VI MEMBERS**



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 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 <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	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"/>
Permanent Home Address <input type="text"/>		Apt. No. <input type="text"/>	TRS Membership Number <input type="text"/>
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	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"/>
Email Address <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"/> <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.

PART B: Please check the optional service credit purchase you want to terminate and write your initials in the space provided.

___ prior service credit ___ Amann service credit

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

I elect to stop the purchase of the optional service credit I have checked in Part B. I understand that I may resume the purchase of my optional service credit at any time before my effective retirement date, although additional interest charges would accrue. 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 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)

