



SAVE TIME – FILE ONLINE!

If you are a TRS member, you can file this form electronically on TRS' website and receive instant confirmation of your filing. (Log in at www.trsnyc.org and go to Forms > E-Forms.) If you file this paper form instead, you risk mailing delays and errors in completing the form.

- This form should only be filed by members who elected #2 or #4 in Part D on their "TDA Withdrawal Application" (code TD32) or by spouse beneficiaries who elected #2 or #4 on their "TDA Withdrawal Application for Beneficiaries" (code TD32B).
- Members (and spouse beneficiaries) may directly roll over all or part of their TDA withdrawal into one or more eligible successor programs (*i.e.*, Individual Retirement Arrangements (IRAs) or 401(k) Plans).
- Please note that TRS' receipt of this form does not constitute a valid filing unless this form is attached to your correctly completed "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries."
- If your rollover election form is completed correctly, TRS would distribute your Direct Rollover according to the type of TDA withdrawal you made, as follows:
 - For partial withdrawals drawn only from your balance in the Fixed Return Fund: Generally within 15 days of TRS' receipt of your withdrawal request.
 - For all other withdrawals: Generally within 45 days of TRS' receipt of your withdrawal request.
- Please visit our website and search for "TDA withdrawals" for more information on timeframes for TDA withdrawals.
- For your convenience, TRS forms and publications are available on our website.

You must complete all parts of this form.

In Part A: All information must be provided.

In Part B: You must indicate how you would like the funds that you designated for Direct Rollover to be distributed.

- **If you elected #2 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries":** Complete **Section 1** and indicate how (in what percentages or amounts) your entire withdrawal should be distributed. You may directly roll over your withdrawal to a maximum of three eligible successor programs.
- **If you elected #4 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries":** Complete **Section 2** and indicate how (in what percentages or amounts) the amount you designated for Direct Rollover should be distributed. You may directly roll over your withdrawal to a maximum of two eligible successor programs.

If you elect to directly roll over funds to one program, write "100" in the first space provided in the applicable section.

If you elect to directly roll over funds to more than one program:

- You may write the percentage you want each program to receive; or
- If you know the exact amount that you are directly rolling over, you may write the dollar amount you want each program to receive; or
 - If you do not know the exact amount that you are directly rolling over, you may write the dollar amount for one program (or two, if you have chosen three successor programs in all) and write “the balance” in the dollar box for the remaining selection.
 - If you write in a combination of dollar amounts that does not equal the amount you designated for Direct Rollover on your “TDA Withdrawal Application” or “TDA Withdrawal Application for Beneficiaries,” your forms would be canceled.

In Part C: You must list the eligible successor program(s) that you want to receive this Direct Rollover and indicate whether each is an IRA or a 401(k) Plan. The programs you indicate in this part will receive the amounts you indicate in Part B.

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

GENERAL PROVISIONS

In accordance with Internal Revenue Service (IRS) regulations, some non-retired individuals must receive annual payments from their TDA funds if they have reached a beginning age set by the IRS—now 73 for members who reach age 72 in 2023 or later. The amount they must receive is known as the Required Minimum Distribution (RMD), and they must generally receive an RMD for every year that they maintain a TDA balance. Any amount representing an RMD would not be eligible for rollover in most cases. (However, if you are subject to RMD rules and you meet your requirements by receiving a distribution from a Section 403(b) Plan not administered by TRS, the entire TDA withdrawal may be eligible for rollover.)

The minimum amount that TRS will directly roll over to a successor program is \$200. (This amount may be greater depending on the successor program’s minimum requirements.)

Any payment of less than \$200 will be sent directly to you but will not be subject to 20% withholding; this includes any payment based on a percentage election made on this form that is calculated to be less than \$200.

Other important information about restrictions and tax consequences is detailed on the “TDA Withdrawal Application” and the “TDA Withdrawal Application for Beneficiaries.”

TDA DIRECT ROLLOVER ELECTION FORM
 FOR WITHDRAWAL/DISTRIBUTION OF ACCUMULATIONS
 FROM THE TAX-DEFERRED ANNUITY PROGRAM



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/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"/> <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 personal information with TRS up to date. You can update your contact information anytime by filing a "Member's Change of Address Form" (code DM13) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

PART B: Please complete ONE of the sections below. Check off the box next to the applicable section and write your initials in the space provided. If you write in percentages, the total must equal 100%; otherwise, your form would be canceled. If you write in dollar amounts, the total must equal the amount you designated for Direct Rollover on your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries"; otherwise, your form would be canceled.

Section 1: If you elected #2 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries," please complete the following:

- I want % (or \$) of my withdrawal to be directly rolled over to Program #1 in Part C.
- I want % (or \$) of my withdrawal to be directly rolled over to Program #2 in Part C.
- I want % (or \$) of my withdrawal to be directly rolled over to Program #3 in Part C.

Section 2: If you elected #4 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries," please complete the following:

- I want % (or \$) of the funds that I designated for Direct Rollover to be directly rolled over to Program #1 in Part C.
- I want % (or \$) of the funds that I designated for Direct Rollover to be directly rolled over to Program #2 in Part C.

PART C: Please list below the successor program(s) that you want to receive this Direct Rollover. If you elected #2 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries," you may list up to three programs; if you elected #4, you may list up to two programs.

PROGRAM #1

Name of Firm (check will be made payable to)	Type of Program (Check only one below)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401(k) Plan	
Name of 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"/>

PROGRAM #2

Name of Firm (check will be made payable to)	Type of Program (Check only one below)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401(k) Plan	
Name of 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"/>

PROGRAM #3 (You may complete this section only if you elected #2 in Part D of your "TDA Withdrawal Application" or "TDA Withdrawal Application for Beneficiaries.")

Name of Firm (check will be made payable to)	Type of Program (Check only one below)		
<input type="text"/>	<input type="checkbox"/> IRA	<input type="checkbox"/> Section 401(k) Plan	
Name of 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: Please read the following and sign and date below. If you are an agent/legal representative signing on behalf of the individual named in Part A, please indicate this.

I certify that I have read the information on pages 1 and 2 of this form.

I certify that, to the best of my knowledge, 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.

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)

THIS FORM CANNOT BE PROCESSED UNLESS IT IS FILED WITH YOUR CORRECTLY COMPLETED "TDA WITHDRAWAL APPLICATION" OR "TDA WITHDRAWAL APPLICATION FOR BENEFICIARIES."