

INSTRUCTIONS

PLEASE READ CAREFULLY

SAVE TIME - GO ONLINE!

Did you know that you can file this form as an "e-form" in the secure section of our website? Instead of risking mail delays, timing issues, and errors filling out the paper form, you can go online and submit your TDA annuitization elections to TRS instantly.

Filing Information

As a member of the Teachers' Retirement System of the City of New York (TRS), you may apply for an annuity under the Tax-Deferred Annuity (TDA) Program by filing a "TDA Annuitization Election Form" (code TD6). If you are filing this form in conjunction with retirement under the Qualified Pension Plan (QPP), TRS must receive your application at least one business day, but no more than 90 days, before your effective retirement date. Pending TRS' review and approval, filing your application will enable you to receive monthly payments of your annuity. Please note that your TDA annuitization date would be the same as your retirement date under the QPP. If you are a retired TRS member who initially elected TDA Deferral status, you may apply for an annuity under the TDA Program and select an annuitization date that is at least one business day before, but no more than 90 days after, TRS receives your application.

When you file the completed "TDA Annuitization Election Form," you must attach proof of your date of birth and, in some cases, your beneficiary's date of birth. The following items are considered acceptable proof of date of birth, and only one of the following is required: birth certificate; passport; or naturalization document. If none of these items is available, then two of the following are required: driver's license; certificate of military record; Form SSA-2458 (Report of Confidential Social Security Benefit Information); or other government-issued identification. (Photocopies are acceptable for all items.) If you are not filing online, we suggest that you bring all materials in person to TRS' Member Services Center at 55 Water Street in lower Manhattan. Please keep copies of your application and all forms filed in conjunction with retirement for your records.

Timing of Required Minimum Distributions (RMDs) and TDA Annuitization

If you are required to receive an RMD from your TDA account in the same year you apply for an annuity with an initial payability date of **April 1 or late**r, the *entire* RMD amount due that year must be paid to you *before* TRS annuitizes the balance remaining in your TDA account (As a reminder, RMDs are generally first due the year in which you reach age 73 or separate from service, whichever is later.)

Change of Information or Cancellation

You may change any information on this form after you have submitted it; TRS must receive your changes no later than one day before the annuitization date you elect. However, you may change your payment option election up to 30 days after your effective annuitization date by filing the "TDA Annuitization Option Change Form" (code RW87). To make changes to this election form, you may visit TRS' Member Services Center on the 2nd floor of 55 Water Street in lower Manhattan and review your changes with a Member Services Representative. If you cannot visit TRS but wish to make changes, then you must cancel your "TDA Annuitization Election Form" and submit a new one. You may cancel your form by submitting a "Request for Withdrawal of Form/Application/Online Filing" (code MI5). **TRS must receive this form at least one day before your effective annuitization date, regardless of the date on which you mailed the form or the postmark date on the envelope**. Please note that you may **NOT** cancel your "TDA Annuitization Election Form" on or after your effective annuitization date, and withdrawals from your TDA account may not be made on or after your effective annuitization date.

General

- · You should keep TRS informed of any change to your beneficiaries' mailing addresses by notifying us in writing.
- Secure electronic forms are available on our website after you log in with your username and password. If you require
 additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS. In-person visits may require an
 appointment; please check our website at www.trsnyc.org for updates.

TD6 (1/23) INSTRUCTIONS	CONTINUED ON PAGE 2	INSTRUCTIONS	PAGE 1
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CONTINUED FROM PAGE 1

HOW TO COMPLETE THE TDA ANNUITIZATION ELECTION FORM

In Part A: PERSONAL INFORMATION

Provide all requested information.

In Part B: TDA ANNUITIZATION DATE ELECTION

Please select one of the statements to designate your annuitization date.

In Part C: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

You must elect **ONLY ONE** payment option in Part C for your monthly annuity payments and designate beneficiaries if your payment option includes that provision. In all cases, you would receive your monthly annuity payments for as long as you live. If you want to provide for beneficiaries, you have several choices, each of which would reduce the amount of your monthly annuity payments. All payments to you and your beneficiaries are monthly and each payment option also enables you to choose a beneficiary for the fractional amount of your retirement allowance. You may add additional beneficiaries by filing a "Retired/Retiring Member's Additional TDA Beneficiary Form" (code EN23). For additional information about payment option elections, beneficiaries, and acceptable documents to prove your beneficiary's date of birth, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure. Please note that you may designate a trust only for lump-sum payments.

Your payment options are categorized as follows:

Maximum Payment Option

Lump-Sum Payment Options

- Option I
- Option IV-b

Guaranteed Number of Payments Options

- Option IV-d (5-Year Certain)
- Option IV-e (10-Year Certain)

- **Continuing Payment Options**
 - Option II
 - Option III
 - Option IV-a

Pop-up Options

- Option IV-2
- Option IV-3
- Option IV-4

If you elect a Continuing Payment or Pop-up Option:

- These options provide for only one beneficiary. You may change this beneficiary designation up to 30 days after your initial payability date.
- Your beneficiary's age is a factor in computing the amount of your monthly annuity payments; **therefore**, **you must submit proof of your beneficiary's date of birth in conjunction with this application**. Please see additional documentation requirements below.
- You may not designate a trust as your beneficiary.

For members annuitizing on or after January 1, 2022, please note the following requirements for Continuing Payment Options, in accordance with the federal SECURE Act:

Your beneficiary must meet at least one of the following criteria:

- must be your spouse; OR
- must not be more than 10 years younger than you; OR
- must be chronically ill or disabled, as defined under the applicable sections of the Internal Revenue Code.

You must provide TRS with supporting documentation: proof of the beneficiary's date of birth in all cases; proof of marriage (*i.e.*, marriage license) or documentation of your beneficiary's disability/chronic illness, as applicable.

Otherwise, you may not elect a Continuing Payment Option for your TDA annuity.

TD6 (1/23)	INSTRUCTIONS	CONTINUED ON PAGE 3	INSTRUCTIONS	PAGE 2
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In Part D: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF ANNUITY

In addition to any election you may have made in Part C, you must designate a beneficiary in Part D to receive any fractional payment that may be due for the month in which you die. The fractional payment would be payable provided that you do not die on the last day of the month; the payment would be based on the number of days that you are alive during that month. For example, if you die on the 21st day of a 30-day month, the beneficiary that you designate would receive a payment equaling 21/30 (or 70%) of your monthly annuity.

- The beneficiary you designate to receive your fractional payment need not be the same beneficiary as you designate in Part C.
- You may change your fractional beneficiary designation at any time after you file the "TDA Annuitization Election Form" by filing a "Designation of TDA Fractional Beneficiary Form" (code EN25).
- If you have already established a trust, you may designate your trust as your beneficiary.
- If your beneficiary predeceases you, the fractional payment would be made to your estate.

In Part E: INVESTMENT ELECTION AT ANNUITIZATION

At annuitization, you have the opportunity to reallocate your accumulated TDA funds among TRS' Passport Funds. If you elect to do so, investment allocation changes need to be in multiples of 5% and must total 100%. The example below demonstrates how to complete Part E if you would like to invest 50% of your TDA funds in the Fixed Return Fund, 10% each in the Diversified Equity Fund and the U.S. Equity Index Fund, and 15% each in the Balanced Fund and the Sustainable Equity Fund. (This is only an illustration, not a recommendation.) Your TDA funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

TRS' Passport Funds	Pe	rcenta	ge	
Fixed Return Fund		5	0	%
Diversified Equity Fund		1	0	%
Balanced Fund		1	5	%
International Equity Fund			0	%
Sustainable Equity Fund		1	5	%
U.S. Equity Index Fund		1	0	%
International Equity Index Fund			0	%
TOTAL	1	0	0	%

TD6 (1/23)

INSTRUCTIONS

CONTINUED ON PAGE 4

Note: Any ongoing conversion of your funds that is not completed by your initial payability date would stop as of that date. You may change the way your TDA funds are invested, on a quarterly basis, by filing a "TDA Annuitant's Investment Election Change Form" (code RP9) with TRS at any time. Investment election changes take effect on the following conversion dates: April 1, July 1, October 1, and January 1. Your elections would take effect on the next conversion date that occurs at least 60 days after TRS receives your form. Please be advised that investment election changes cannot be effected until the quarter after your TDA annuity has been finalized.

In Part F: AFFIRMATION OF UNDERSTANDING

You must sign and date the statement shown in the presence of a notary public, who must then complete Part G.

In Part G: NOTARIZATION

You must have this form notarized. The date in this notary section must be the same date that you enter in Part F.

TD6 (1/23)



Please print in black or blue ink, and initial any changes that you make on this application. 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)
Permanent Home Address		Apt. No.	TRS Membership Number
City	State Zip Code		Primary Phone Number (Check one: Home Work Mobile)
Email Address			Alternate Phone Number (Check one: Home Work Mobile)

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).

PART B: TDA ANNUITIZATION DATE ELECTION

Please select one of the statements below to designate your annuitization date:

 I am filing in conjunction with service or disability retirement. I hereby designate my initial payability date of my TDA annuity
(This initial payability date cannot be earlier than the effective date of your retirement under the Qualified Pension Plan.)
 I am retired and filing under TDA Deferral status. I hereby designate my initial payability date of my TDA annuity to be (MM/DD/YYYY): (This initial payability date can be at least one business day before but no more than 90 days after TRS receives your application.)

PART C: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

Please choose **ONLY ONE** of the payment options listed in Part C. Choose and complete any additional elections under your payment option. If you elect an option that provides a death benefit, you **must** designate a beneficiary. **In addition, all options require a beneficiary for your fractional payment.** If you have already established a trust, you may designate your trust as your beneficiary for lump-sum payments only.

If you need to designate additional beneficiaries (primary, contingent, or fractional), please file a "Retired/Retiring Member's Additional TDA Beneficiary Form" (code EN23).

For more information about the percentage of your retirement allowance that you can leave your beneficiaries, please see the *Retirement Payment Options: Tiers I/II and TDA Annuitization Options* brochure.

MAXIMUM	PAYMENT OPTION	
	Maximum Payment Option	Highest monthly retirement allowance
THEN	Go to Part D to designate a beneficiary for a fractiona	ıl payment.
LUMP-SUM	PAYMENT OPTIONS	
	Option I	Payment to Beneficiaries If you die before your monthly annuity payments deplete your initial reserves, the remaining balance would be made payable in a lump sum to your beneficiaries.
	C	DR
	Option IV-b Indicate lump-sum payment to your beneficiaries: \$,000.	This option enables you to specify the lump-sum dollar amount to be paid to your beneficiaries upon your death. It is not reduced by the annuity payments you receive.
THEN	Designate your primary and contingent beneficiary or fractional payment.	n the next page; then go to Part D to designate a beneficiary for a

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Beneficiary/	OF PRIMARY BENEFICIARY		Relationship
Trust		Home Address	To You
First Name/ MI			
Last Name			Date of Birth (MM/DD/
SSN#			
	OF CONTINGENT BENEFICIA	ARY	
Beneficiary/			Relationship
Trust	[Home Address	To You
First Name/ MI			
Last Name			Date of Birth (MM/DD/
SSN#			
GUARANTEED	NUMBER OF PAYMENTS OP	TIONS	
	tion IV-d (5-year certain)	Receives payments only been made before your d	
Op	tion IV-e (10-year certain)	Receives payments only	if 120 payments have n
		been made before your o	
THEN	ignate your primary and contin tional payment.		leath.
THEN Des frac	tional payment.	been made before your o	leath.
THEN Des frac	• • • •	been made before your o	leath.
THEN Des frac DESIGNATION Beneficiary/ Trust	tional payment.	been made before your o	death. designate a beneficiary i
THEN Des frac DESIGNATION Beneficiary/	tional payment.	been made before your of gent beneficiary below; then go to Part D to	death. designate a beneficiary Relationship
THEN Des frac DESIGNATION Beneficiary/ Trust	tional payment.	been made before your of gent beneficiary below; then go to Part D to	death. designate a beneficiary Relationship To You
THEN Des frac DESIGNATION Beneficiary/ Trust First Name/ MI	tional payment.	been made before your of gent beneficiary below; then go to Part D to	death. designate a beneficiary Relationship To You
THEN Des frac DESIGNATION Beneficiary/ Trust First Name/ MI Last Name SSN#	tional payment.	been made before your of gent beneficiary below; then go to Part D to Home Address	death. designate a beneficiary Relationship To You
THEN Des frac DESIGNATION Beneficiary/ Trust First Name/ MI Last Name SSN#	Tional payment.	been made before your of gent beneficiary below; then go to Part D to Home Address	death. designate a beneficiary Relationship To You
THEN Designation DESIGNATION Beneficiary/ Trust First Name/ MI Last Name SSN# DESIGNATION Bestignation	Tional payment.	been made before your of gent beneficiary below; then go to Part D to Home Address	death. designate a beneficiary Relationship To You Date of Birth (MM/DD/
THEN Des frac DESIGNATION Beneficiary/ Trust First Name/ MI Last Name SSN# DESIGNATION Beneficiary/	Tional payment.	been made before your of gent beneficiary below; then go to Part D to Home Address	death. designate a beneficiary Relationship To You Date of Birth (MM/DD/ / / Relationship
THEN Des frac DESIGNATION Beneficiary/ Trust First Name/ MI Last Name SSN# DESIGNATION Beneficiary/ Trust	Tional payment.	been made before your of gent beneficiary below; then go to Part D to Home Address	death. designate a beneficiary Relationship To You Date of Birth (MM/DD/ / / Relationship

CONTINUED FROM PAGE 3

PART C (Continued) CONTINUING PAYMENT OPTIONS					
Option II	reduced monthly ar	equal to 100% of your			
Option III	OR Lifetime payments reduced monthly ar	equal to 50% of your nnuity payments			
Option IV-a Choose a percentage of your mon allowance payable as death benefi (50% and 100% not permitted.)	·	of your choice			
Option IV-2 ("Pop-up" option)*	reduced monthly an payments as in Op	equal to 100% of your nnuity payments. Lifetime tion II.			
Option IV-3 ("Pop-up" option)*		equal to 50% of your nnuity payments. Lifetime tion III.			
	OR				
	Choose a percentage of your monthly retirement allowance payable as death benefit:				
*If beneficiary predeceases you, your payments increase to the maximum.					
THEN Designate a primary beneficiary below; then go to Part D to designate a beneficiary for a fractional payment.					
DESIGNATION OF PRIMARY BENEFICIARY					
Beneficiary	Home Address	Relationship To You			
First Name/ MI					
Last Name SSN#		Date of Birth (MM/DD/YYYY)			

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PART C (Continued) CONTINUING PAYMENT OPTIONS

Answer the following question only if you are designating a non-spouse beneficiary who is more than 10 years younger than you. (See Part C instructions for details.)

Is your designated beneficiary chronically ill or disabled?

Yes 🗌 No

PART D: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF ANNUITY (All Payment Options)

Regardless of your election in Part C, you must designate a beneficiary to receive the fractional portion of your retirement allowance for the month in which you die.

Beneficiary/ Trust	Home Address	Relationship To You
First Name/ MI		
Last Name		Date of Birth (MM/DD/YYYY)
SSN#		/ /

PART E: INVESTMENT ELECTION AT ANNUITIZATION

In the appropriate box(es) below, please designate how you would like your TDA funds allocated among TRS' investment programs. Your allocations must be in 5% multiples and add up to 100%. Your TDA funds will be reallocated on your initial payability date according to the percentages you indicate on this application.

I wish to reallocate my TDA funds as indicated below:

TRS' Passport Funds	Pe	rcenta	ge
Fixed Return Fund			
Diversified Equity Fund			
Balanced Fund			
International Equity Fund			
Sustainable Equity Fund			
U.S. Equity Index Fund			
International Equity Index Fund			
TOTAL	1	0	0

TD6 (1/23)

I wish to leave my funds invested as they are as of my annuitization date.

PART F: AFFIRMATION OF UNDERSTANDING

Please read the statement below and sign and date in the presence of a notary. 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 is true and correct. I understand that the filing of this application is irrevocable and cannot be withdrawn as of my effective annuitization date. I also affirm my understanding of the following:

CHANGES AFTER FILING: Any changes I wish to make to this form must be made no later than one day prior to my initial payability date—with the exception of the payment options and beneficiaries that I elected in Part C, which may be changed within 30 days after my initial payability date.

TERMS OF PAYMENT: If TRS determines that my retirement benefits from TRS are overstated, I am required to repay (or my beneficiaries may be required to repay) the resulting deficit amount in full, in accordance with TRS' applicable rules.

If my retirement allowance payments are transmitted electronically to my financial institution, I authorize and direct my financial institution to immediately refund any overpayments to TRS, including all payments made by TRS on or after the date of my death, and to charge the same to my bank account. TRS' certification of overpayment shall be sufficient evidence of an overpayment.

If the funds remaining are not sufficient to permit my financial institution to fully refund overpayments by TRS, I authorize and direct my financial institution to provide to TRS all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death.

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 been ended by revocation, termination, death, divorce, or otherwise.

CHECK HERE IF YOU ARE SIGNING AS AN AGENT.

YOUR SIGN	ATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)
PART G: NOTARIZATION			
TO BE COMPLETED BY A	NOTARY (NOTE: Attestation	on made outside the U.S. must be executed be	fore an American consul.)
State of)) s.s.:		
County of)		
On the	day of	,, before me	personally appeared the
person known to me to be _ individual who executed the		cknowledged to me that (s)he executed the sa	, the ame.
Signature:			
Official Title:		Expiration Date of Comm	ission:
TD6 (1/23)			PAGE