



INSTRUCTIONS
PLEASE READ CAREFULLY

Filing Information

- As a Tier IV member of TRS, you may apply for service retirement under the Qualified Pension Plan (QPP) by filing a "Tier IV Service Retirement Application" (code RE19). TRS must receive your retirement application at least one day, but no more than 90 days, before your effective retirement date.
- Tier IV members may only elect a Tier IV retirement benefit. If you are a Tier III member, you may elect to receive either Tier III or Tier IV benefits when you file your retirement application; however, you may not combine the provisions of the two plans. Once you elect to receive a benefit under Tier III or Tier IV, your election is irrevocable as of your effective retirement date.
- When you file this application, you must attach proof of your date of birth and, in some cases, your beneficiaries' dates 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: certificate of military record; baptismal certificate; life insurance policy; government-issued identification; or driver's license. (Photocopies are acceptable for all documents.) We suggest that you bring all materials in person to TRS' Member Services Center at 55 Water Street in lower Manhattan. Please retain a photocopy of your application and all forms filed for your records.

Retirement Payments

- Generally, TRS is able to process a retirement benefit within three to five months of your effective retirement date. TRS issues advance payments approximately one to two months after your effective retirement date to provide you with retirement income as soon as possible. You will continue to receive an advance payment every month until your regular retirement allowance is processed and initiated on payroll. For more information, please see the *Advance Payments* brochure.

Change of Information or Cancellation

- You may change any information on your application after you have submitted it; TRS must receive your changes no later than one day before your effective retirement date. However, you may change your payment option election up to 30 days after your effective retirement date. To make changes to your application, you may visit TRS' Walk-In Center and review your changes with a Member Services Representative. If you cannot visit the Walk-In Center, but wish to make changes to your application, then you must cancel your "Tier IV Service Retirement Application" and submit a new one.
- You may cancel your application 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 retirement date, regardless of the date on which you mailed the form or the postmark date on the envelope.** You may **NOT** cancel your Service Retirement Application on or after your effective retirement date.

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.

HOW TO COMPLETE THE TIER IV SERVICE RETIREMENT APPLICATION

In Part A: PERSONAL INFORMATION

All information must be provided.

In Part B: ADDITIONAL MEMBERSHIP INFORMATION

Use this section to indicate any additional membership information (e.g., Multiple Employment Membership or Chapter 683 Earnings). Multiple Employment Membership status is assigned to members of TRS who render employment in both primary and secondary TRS-eligible positions during any school year. For more information, please see the *Multiple Employment Membership Status* brochure.

Chapter 683 earnings apply if you were employed in a Special Education Program, in accordance with Chapter 683 of the Retirement and Social Security Law (RSSL). Please note that confirmation of your Chapter 683 earnings during the summer preceding your retirement may not be available at the time of retirement. TRS will calculate your retirement allowance to include these earnings when confirmation of your Chapter 683 earnings becomes available.

In Part C: TDA ELECTION

If you are a participant in TRS' Tax-Deferred Annuity (TDA) Program, you must make a decision at this time regarding the distribution of your TDA funds. As indicated below, you must file the appropriate form(s), based on your election, in conjunction with filing for retirement.

ACTION	FORM TO FILE
Receive your TDA funds as an annuity separate from your QPP retirement allowance.	"TDA Annuitization Election Form" (code TD6)
Withdraw all of your TDA funds.	"TDA Withdrawal Application" (code TD32)
Defer distribution of your TDA funds to a later date and leave them invested with TRS.	"TDA Deferral Status Election Form (For Retiring Members)" (code TD30)

For more information, please see the *TDA Options at Retirement* brochure.

In Part D: RETIREMENT ELECTION

You must provide your desired retirement date. Your retirement date must be at least one day later than the date that TRS receives this application, and it cannot be earlier than your 55th birthday. In addition, you must indicate whether you believe you are eligible to receive an unreduced retirement allowance (full benefits) or a reduced retirement allowance.

In general, you would be eligible to receive unreduced retirement allowance payments (full benefits) if one of the following statements applies to you:

- You are at least age 62 as of your retirement date and you are vested; **or**
- You are at least age 55 as of your retirement date and have attained at least 30 years of Total Service Credit; **or**
- You are covered by the "55/25" provisions of the Age 55 Retirement Program, are at least age 55 as of your retirement date, and have attained at least 25 years of Total Service Credit; **or**
- You are covered by the "55/27" provisions of the Age 55 Retirement Program, are at least age 55 as of your retirement date, and have attained at least 27 years of Total Service Credit.

If none of the statements above applies to you, then you do not qualify for unreduced payments of your retirement allowance. However, as long as you are vested and at least 55, you would be eligible to retire with a reduced retirement allowance. See *Service Retirement Plans and Benefits for Tiers III/IV* for more information about retirement allowance reductions.

Vesting

Most Tier III and IV members become vested upon attaining five years of Total Service Credit. However, members whose TRS membership began after December 10, 2009, and who are working in a title represented by the United Federation of Teachers (UFT), become vested upon attaining 10 years of Total Service Credit.

Age 55 Retirement Program*

- Members whose TRS membership began on or before February 27, 2008 and who opted into the program are covered by the “55/25” provisions.
- Members whose TRS membership began after February 27, 2008 and on or before December 10, 2009 are covered by the “55/27” provisions. (Also, certain members whose TRS membership began on or before February 27, 2008 were eligible to opt into the program under the “55/27” provisions.)
- Members whose TRS membership began after December 10, 2009 and before April 1, 2012 are covered by the “Chapter 504” provisions, which include the vesting requirements cited above.

**Only employees of the Department of Education (DOE) or participating Charter Schools may participate in the Age 55 Retirement Program.*

Note for members who participated in the Age 55 Retirement Program: If you are 62 or older at retirement, you may be eligible for the return of the *employee portion* of the Additional Member Contributions (AMCs) you made under this program, plus accrued interest. To receive these funds, you must: a) retire with unreduced payments; b) be in active service at least one day prior to your effective date of retirement; and c) have been in active service for a total of at least six months out of each of the two twelve-month periods preceding your retirement.

If you qualify for a return of AMC funds, you would receive a separate payment from TRS; you do not need to take further action. However, if you would prefer to have TRS directly roll over this payment to an eligible Individual Retirement Arrangement(s) or other successor program(s), you must file the “Application for Withdrawal of Additional Member Contributions at Retirement” (code RW116) and the “QPP Direct Rollover Election Form” (code RW29) at this time.

In Part E: DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE AND BENEFICIARY FOR DEATH BENEFIT #2

When designating beneficiaries on this form, please provide their Social Security numbers (or alternative taxpayer ID numbers). This information will help TRS process any benefits that later become payable without unnecessary delay.

Fractional Payment

You must designate a beneficiary to receive any fractional payment that may be due for the month in which you die. This 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.

Death Benefit #2

You must also designate a beneficiary to receive Death Benefit #2, a lump-sum, post-retirement death benefit. The amount of this death benefit would be based on the death benefit in force on your retirement date (a maximum equaling three years’ salary, subject to age reductions). The actual amount payable to your beneficiary would also depend on the amount of time between your retirement date and your death, as shown in the table below.

Year of Death

After Retirement Date	Amount of Death Benefit #2
1st Year	50% of benefit in force on member’s retirement date
2nd Year	25% of benefit in force on member’s retirement date
3rd Year or later	10% of any benefit in force at age 60 (or 10% of the benefit in force on member’s retirement date, if retirement occurred before age 60.)

In Part E: (Continued)

Please note the following about these two separate death benefits:

- The beneficiary you designate to receive your fractional payment or Death Benefit #2 benefit need not be the same beneficiary as you designate in Part F.
- If your beneficiary predeceases you, the fractional payment or Death Benefit #2 benefit would be made to your estate unless you designate another beneficiary for this payment.
- If you have already established a trust, you may designate your trustee as your beneficiary.
- You may change your fractional beneficiary designation at any time after you file the "Tier IV Service Retirement Application" by filing a "Designation of QPP Fractional Beneficiary Form" (code EN24).
- You may change your Death Benefit #2 beneficiary designation at any time after you file the "Tier IV Service Retirement Application" by filing a "Change of Beneficiary Form for the Post-Retirement Death Benefit under Death Benefit #2" (code EN34).

In Part F: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

You must elect **ONLY ONE** payment option in Part F for your retirement allowance and designate beneficiaries if your payment option includes that provision. In all cases, you would receive your retirement allowance each month 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 retirement allowance. For additional information, please see the *Retirement Payment Options: Tiers III/IV* brochure.

When designating beneficiaries on this form, please provide their Social Security numbers (or alternative taxpayer ID numbers). This information will help TRS process any benefits that later become payable without unnecessary delay. You may add additional beneficiaries by filing the "Retired/Retiring Member's Additional QPP Beneficiary Form" (code EN22). Please note that you may designate a trustee only for lump-sum payments.

Your payment options are categorized as follows:

Maximum Payment Option**Guaranteed Number of Payments Options**

- Option 3 (5-Year Certain)
- Option 4 (10-Year Certain)

Continuing Payment Options

- Option 1; Option 2

Pop-up Options

- Option 5-1; Option 5-2

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

- These options provide for one primary beneficiary only. You may not change this beneficiary designation after your initial payability date; you may not designate a trustee as your beneficiary.
- Your beneficiary's age is a factor in computing the amount of your monthly retirement allowance payments; **therefore, you must submit proof of your beneficiary's date of birth in conjunction with this application.**

In Part G: AFFIRMATION OF UNDERSTANDING

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

In Part H: NOTARIZATION

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



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 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"/>
Date of Birth (M/D/Y):	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"/>) <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: ADDITIONAL MEMBERSHIP INFORMATION

Please indicate if either of the following apply to you:

☐ Multiple Employment Membership

This applies if you are in active service and you held any secondary position on or after January 1, 1995. Active service includes being on an approved leave of absence or having transferred contributor status.

☐ Chapter 683 Earnings

This applies if, during the summer preceding your retirement, you were teaching in the Special Education Program that employs teachers in year-round positions.

PART C: TDA ELECTION

If you are a participant in TRS' TDA Program, please indicate your election for any TDA funds. If you are not a TDA participant, do not complete Part C.

- ☐ Receive my TDA funds as an annuity separate from my QPP retirement allowance.
- ☐ Withdraw all of my TDA funds.
- ☐ Defer distribution of my TDA funds to a later date and leave them invested with TRS.

PART D: RETIREMENT ELECTION

Please provide the information below, which will allow TRS to determine your retirement plan.

Please choose your effective retirement date: / /
M M D D Y Y Y Y

(Your retirement date must be at least one day later than the date that TRS receives this application, and it cannot be earlier than your 55th birthday.)

Please indicate if you believe you are eligible to receive an unreduced retirement allowance (full benefits) or a reduced retirement allowance. (Refer to page 2 of the Instructions for more information.)

☐ **Unreduced:** *I believe I qualify for an **unreduced** retirement allowance. (If TRS determines that you do not qualify for an unreduced retirement allowance, we will contact you before processing your retirement.)*

☐ **Reduced:** *I believe I qualify for a **reduced** retirement allowance. I want to file for retirement at this time and, pending TRS' review of my service credit, I will receive a reduced retirement allowance.*

PART E: DESIGNATION OF BENEFICIARIES FOR FRACTIONAL PAYMENT OF RETIREMENT ALLOWANCE AND DEATH BENEFIT #2

You must designate a beneficiary to receive the fractional portion of your retirement allowance for the month in which you die. If you need to designate additional beneficiaries, please file a "Retired/Retiring Member's Additional QPP Beneficiary Form" (code EN22) with this application.

DESIGNATION OF BENEFICIARY FOR FRACTIONAL PAYMENT

Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	

PART E (Continued)

DESIGNATION OF BENEFICIARY FOR DEATH BENEFIT #2

You must designate a beneficiary for Death Benefit #2. If you need to designate additional beneficiaries, please file a "Retired/Retiring Member's Additional QPP Beneficiary Form" (code EN22) with this application.

Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth: (mm/dd/yyyy)
Street:		Male <input type="checkbox"/>	Relationship:
City, State, Zip:		Female <input type="checkbox"/>	Beneficiary Soc. Sec. No.:
Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth: (mm/dd/yyyy)
Street:		Male <input type="checkbox"/>	Relationship:
City, State, Zip:		Female <input type="checkbox"/>	Beneficiary Soc. Sec. No.:
Beneficiary Name:	Percent (if applicable) ____%	Check One:	Date of Birth: (mm/dd/yyyy)
Street:		Male <input type="checkbox"/>	Relationship:
City, State, Zip:		Female <input type="checkbox"/>	Beneficiary Soc. Sec. No.:

PART F: PAYMENT OPTION ELECTION AND BENEFICIARY DESIGNATIONS

Please elect **ONLY ONE** of the payment options listed in Part F. 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. If you have already established a trust, you may designate your trustee as your beneficiary for lump-sum payments only.

If you need to designate additional beneficiaries, please file a "Retired/Retiring Member's Additional QPP Beneficiary Form" (code EN22) with this application.

For more information about the percentage of your retirement allowance that you can leave your beneficiaries, please see the *Retirement Payment Options: Tiers III/IV* brochure.

MAXIMUM PAYMENT OPTION

____ ☐ **Maximum Payment Option**

Highest monthly retirement allowance with no further benefits after your death.

THEN

Go to **Part G** to sign and date your application in the presence of a notary.

PART F (Continued)

GUARANTEED NUMBER OF PAYMENTS OPTIONS

_____ ☐ **Option 3 (5-year certain)**

Payment to Beneficiaries

Receives payments only if 60 payments have not been made before your death.

_____ **OR** _____

_____ ☐ **Option 4 (10-year certain)**

Receives payments only if 120 payments have not been made before your death.

THEN

*Designate your primary and contingent beneficiaries below; then go to **Part G** to sign and date your application in the presence of a notary.*

DESIGNATION OF PRIMARY AND CONTINGENT BENEFICIARIES

Beneficiary Name:	Primary <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	
Beneficiary Name:	Check One: Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	Check One:	Date of Birth:
Street:		Male <input type="checkbox"/>	(mm/dd/yyyy)
City, State, Zip:		Female <input type="checkbox"/>	Relationship:
		Beneficiary Soc. Sec. No.:	

PART F (Continued)**CONTINUING PAYMENT OPTIONS**

_____ ☐ **Option 1**

Payment to Beneficiary

Lifetime payments equal to 100% of your reduced monthly retirement allowance.

_____ **OR** _____

_____ ☐ **Option 2**

Choose one of the following:

Lifetime payments equal to your choice of 75%, 50%, or 25% of your reduced monthly retirement allowance.

_____ ☐ **75%**

_____ ☐ **50%**

_____ ☐ **25%**

_____ **OR** _____

_____ ☐ **Option 5-1 ("Pop-up" option)***

Lifetime payments equal to 100% of your reduced monthly retirement payments.

_____ **OR** _____

_____ ☐ **Option 5-2 ("Pop-up" option)***

Lifetime payments equal to 50% of your reduced monthly retirement payments.

**If beneficiary predeceases you, your payments increase to the maximum.*

THEN ➔

Designate a beneficiary below; then go to **Part G** to sign and date your application in the presence of a notary.

DESIGNATION OF BENEFICIARY

Beneficiary Name:	Check One: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <small>(mm/dd/yyyy)</small>
Street:		Relationship:
City, State, Zip:	Beneficiary Soc. Sec. No.:	

PART G: AFFIRMATION OF UNDERSTANDING

Please read the following statement and sign and date below in the presence of a notary.

I affirm that, to the best of my knowledge, all information I have provided above is true and correct. I understand that the filing of this application is irrevocable and cannot be withdrawn as of my effective retirement date. I also affirm my understanding of the following:

CHANGES AFTER FILING: I understand that any changes I wish to make to this form must be made no later than one day prior to my effective retirement date, with the exception of my payment option election and corresponding beneficiary designations that I elected in Part F, which may be changed within 30 days after my effective retirement date.

VERIFICATION OF SERVICE CREDIT: I understand that TRS will verify all service credit in my account as part of my benefit calculation. I also understand that, if TRS determines that I do not have sufficient service credit to retire under the plan I have elected, TRS may contact me to change my retirement plan or cancel my retirement application.

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.

*RETURN OF ADDITIONAL MEMBER CONTRIBUTIONS (AMCs): I understand that, if I participated in the Age 55 Retirement Program and meet certain eligibility requirements, I may receive payment of the **employee portion** of my AMCs. I authorize TRS to make this separate payment to me (or to roll over the payment to a successor program(s), provided I follow the steps described in the Instructions on page 3).*

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

PART H: NOTARIZATION

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: _____