



INSTRUCTIONS

PLEASE READ CAREFULLY

- **You may use this form to effect changes in your payment options for your retirement allowance under the Qualified Pension Plan (QPP) (Tiers I/II only) and/or your annuity under the Tax-Deferred Annuity (TDA) Program (all tiers). In all cases, you must have chosen Options II, III, IV-a, IV-2, IV-3, and IV-4 for your payments.**
- **Please complete this form only if both of the following are true: a) you are receiving your post-retirement payments under a payment option that provides for a beneficiary but does not allow you to change your beneficiary designation; and b) you want to change your payment option to the Maximum Payment Option as a result of a divorce or a dissolution of a relationship with the beneficiary.**
- **You must attach documents that provide legal proof of dissolution of relationship (e.g., court documents, affidavits) to this form.**
- **Please note that receipt of this form does not constitute a valid filing unless your designated beneficiary under the payment option also files a "Beneficiary's Consent Form for Changes Under Section 13-565(c)" (code SD27) with TRS.**
- **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 complete this part if you want to change your Qualified Pension Plan (QPP) retirement allowance payment option to the maximum, and you had retired under one of the options listed above. You must sign and date this form.

In Part C: You must complete this part if you want to change your Tax-Deferred Annuity (TDA) Program annuity payment option to the maximum, and you had elected a TDA annuity under one of the options listed above. You must sign and date this form.

In Part D: You must have this form notarized.



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**CHANGE FORM FOR POST-RETIREMENT
PAYMENT OPTION UNDER SECTION 13-565(c)**



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: 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 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"/>
			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 (M/D/Y): //

PART B: If you want to change your QPP retirement allowance payment option to the maximum, and you had retired under one of the options listed on page 1, please complete the following and sign and date below.

I hereby request to change my QPP retirement allowance payment option to the maximum retirement allowance, pursuant to Section 13-565(c) of the Administrative Code of the City of New York, which states the following:

"If the survivor beneficiary nominated [under a retirement payment option] is a spouse of the retired member, and such person by causes other than death ceases to be his or her spouse or is separated from him or her, or if such option was selected in contemplation of marriage which has not taken place, then [TRS] shall have authority to permit the change of the optional benefit to the maximum benefit that is the actuarial equivalent by and with the consent of all parties."

I certify that I retired on _____ and selected payment Option _____ on the retirement application I filed.
(Month/Day/Year)

I designated _____ as my beneficiary under this option. At the time of the designation, (s)he was my spouse, or (s)he was so selected in contemplation of marriage. Since then, this beneficiary, by causes other than death, ceased to be my spouse, or is separated from me, or is no longer in contemplation of marriage with me. I have attached the pertinent legal documents that provide proof of the dissolution of this relationship.

_____ has consented to the requested change by completing the "Beneficiary's Consent Form for Changes Under Section 13-565(c)" (code SD27), which is attached hereto. Therefore, I request permission to change my QPP retirement allowance payment option to the Maximum Payment Option.

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



PART C: If you want to change your TDA annuity payment option to the maximum, and you had elected a TDA annuity under one of the options listed on page 1, please complete the following and sign and date below.

I hereby request to change my TDA annuity payment option to the maximum annuity, pursuant to Section 13-565(c) of the Administrative Code of the City of New York, which states the following:

“If the survivor beneficiary nominated [under a TDA payment option] is a spouse of the retired member, and such person by causes other than death ceases to be his or her spouse or is separated from him or her, or if such option was selected in contemplation of marriage which has not taken place, then [TRS] shall have authority to permit the change of the optional benefit to the maximum benefit that is the actuarial equivalent by and with the consent of all parties.”

I certify that I elected to annuitize my TDA funds under payment Option _____ on the TDA annuitization form I filed. I designated _____ as my beneficiary under this option. At the time of the designation, (s)he was my spouse, or (s)he was so selected in contemplation of marriage. Since then, this beneficiary, by causes other than death, ceased to be my spouse, or is separated from me, or is no longer in contemplation of marriage with me. I have attached the pertinent legal documents that provide proof of the dissolution of this relationship.

_____ has consented to the requested change by completing the “Beneficiary’s Consent Form for Changes Under Section 13-565(c)” (code SD27), which is attached hereto. Therefore, I request permission to change my TDA annuity payment option to the Maximum Payment Option.

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: _____

