

**DESIGNATION OF QPP BENEFICIARY FORM**  
FOR IN-SERVICE MEMBERS UNDER THE QUALIFIED PENSION PLAN



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 on pages 3 and 4 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"/></input>
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"/></input>
			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>

If you are providing new information above, please indicate the effective date (M/D/Y):  /  /

**PART B:** Please provide all requested information for each beneficiary and cross out any unused sections below. Please also indicate the total number of beneficiaries listed for this request.

1.	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.:	
2.	Beneficiary Name:	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.:	
3.	Beneficiary Name:	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.:	
4.	Beneficiary Name:	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 B: Beneficiary Information (Continued)**

5.	Beneficiary Name:	<i>Check One:</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	<i>Check One:</i> 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.:
6.	Beneficiary Name:	<i>Check One:</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percent (if applicable) _____%	<i>Check One:</i> 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.:

If you want to designate more than six beneficiaries, check this box and attach a completed "Additional QPP Beneficiary Form" (code EN7).

**This form must be signed and notarized in order to be valid.**

**PART C:** Please read the following and sign and date below.

*I, the undersigned, revoking all former designations made by me pursuant to my death benefit coverage under the Qualified Pension Plan (QPP), hereby direct TRS, in the event of my death, to pay the QPP death benefit allowable as a lump-sum payment(s) to the beneficiary(ies) named in Part B. Should I survive all named beneficiaries, any death benefit payable shall be paid to my estate.*

*I certify that I have read the instructions and information on this form and that the information I have provided above is accurate to the best of my knowledge. I have also completed the beneficiary designation checklist below.*

BENEFICIARY DESIGNATION CHECKLIST	
<input type="checkbox"/>	Is your designation form <b>signed, dated,</b> and <b>notarized</b> ?
<input type="checkbox"/>	Did you indicate the total number of beneficiaries listed for this request in the appropriate box on page 1?
<input type="checkbox"/>	Did you designate at least one primary beneficiary?
<input type="checkbox"/>	Did you initial any changes?
<input type="checkbox"/>	Do all the percentages (if any) you indicated for primary beneficiaries total 100%? Do all percentages (if any) you indicated for contingent beneficiaries, total 100%?

**MEMBER'S SIGNATURE** \_\_\_\_\_ **DATE (M/D/Y):** \_\_\_\_\_

**PART D:** To be completed by a Notary (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: \_\_\_\_\_



Please read the following guidelines before filing this form with TRS.

### INSTRUCTIONS

1. You should file this form to designate one or more beneficiaries for your death benefit under the Qualified Pension Plan (QPP) or to change a previous designation. You may view your current beneficiary designations at any time by logging on to our website.
2. New beneficiary forms filed will supersede any previous designation. Therefore, if you want to add a beneficiary (e.g., a new child), you must submit a new form listing all the beneficiaries you wish to designate.
3. TRS reserves the right to interpret the information that you provide on this form in the interest of administering your beneficiary designations. If your directions cannot be administered, we will notify you and ask you to submit the necessary information. If you fail to do so, any previous designation of QPP beneficiaries would remain in full force and effect; or, if no previous designation was in effect, any benefit would be payable to your estate.
4. Stipulations or attachments to this form are not acceptable. **However, if you want to designate more than six beneficiaries, check the appropriate box on page 2** and attach a completed "Additional QPP Beneficiary Form" (code EN7).
5. TRS must have your completed "Designation of QPP Beneficiary Form" on file before your death.
6. **Please provide all requested information about each beneficiary that you designate**, including whether the beneficiary is primary or contingent. (Initially, benefits would be payable to primary beneficiaries; if all primary beneficiaries have predeceased you, benefits would be payable to any contingent beneficiaries. In the event that all designated beneficiaries have predeceased you, the death benefit would be paid to your estate.)
7. **Any number of primary and contingent beneficiaries may be named, but you must designate at least one primary beneficiary.** The same person or persons cannot be designated as both primary and contingent beneficiaries. TRS would make a payment to contingent beneficiaries **only** if all primary beneficiaries die before you do.
8. It is important that you provide the Social Security number of each beneficiary you designate so that TRS may administer the payment(s) to your beneficiary(ies).
9. **You do not have to designate a percentage of the benefit for each beneficiary to receive.** If you are designating only one beneficiary, or want all beneficiaries to receive an equal share of the benefit, do not write in a percentage. If you do not designate a specific percentage for each beneficiary (i.e., equal shares), and a beneficiary predeceases you, the surviving beneficiaries would share the payment equally. If all other beneficiaries but one predecease you, the survivor would receive 100% of the payment.
10. **If you choose to designate percentages** for primary beneficiaries, the numbers must total 100%. If you designate percentages for contingent beneficiaries, those numbers must also total 100%. Beneficiaries who are designated to receive a specific percentage of the benefit may not receive more than the percentage designated. Therefore, if you designate a specific percentage for each beneficiary and one of the beneficiaries predeceases you, the percentage you assigned to that beneficiary would be payable to your estate; each surviving beneficiary would receive only the percentage you indicate on this form.

**INSTRUCTIONS** *(Continued)*

11. **If you designate persons:**
  - a. List full names (*e.g.*, Mary K. Doe, not Mrs. John K. Doe).
  - b. List beneficiaries separately (not “Mr. and Mrs.” on one line).
  - c. Do not list unborn children.
12. **If you designate your estate:**
  - a. Write the words “My Estate” on the Beneficiary Name line. The payment will be paid to the executor or administrator of your estate.
  - b. If your estate is named as primary beneficiary, do not name a contingent beneficiary. A contingent beneficiary would only be entitled to a benefit if the primary beneficiary ceases to exist before the member’s death.
13. **If you designate a trustee:**
  - a. Specify the name and address of the trustee and submit this form to TRS along with a “Verification of Trust Instrument Legality” (code EN4).
  - b. If your trustee administers a “living trust,” you must also provide TRS with a full and complete copy of the trust agreement.
  - c. If you have set up a “testamentary trust” to take effect upon your death, you must submit a copy of your will to TRS.
14. If you find this form is not suited to the type of designation you prefer, please advise TRS. However, for your protection and the protection of your beneficiaries, you should use this form to make an interim designation as soon as possible.
15. Please retain a copy of this form for your records. TRS will mail you a letter confirming your designations. It is your responsibility to verify the information on that letter and, if necessary, contact TRS about any discrepancies.
16. **If you have any questions, please call TRS’ Member Services Center at 1 (888) 8-NYC-TRS.**