



**INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- **Please complete this form only if both of the following are true: a) you are the beneficiary of a TRS member who is receiving post-retirement payments under a payment option that does not allow changes in beneficiary designation; and b) you consent to the member's request to change his/her payment option to the maximum allowance, as a result of divorce or dissolution of his/her relationship with you.**
- **Upon TRS' processing of this form and the member's "Change Form for Post-Retirement Payment Option Under Section 13-565(c)" (code SD26), you would renounce your rights to beneficiary payments based on the member's retirement allowance under the Qualified Pension Plan (QPP) and/or annuity under the Tax-Deferred Annuity (TDA) Program; consequently, no such benefits would be payable to you from TRS as a result of the member's death.**

**In Part A:** All information must be provided.

**In Part B:** You must complete this part if you are consenting to the request of the member who is filing to remove you as beneficiary of his/her Qualified Pension Plan (QPP) retirement allowance. You must sign and date this form.

**In Part C:** You must complete this part if you are consenting to the request of the member who is filing to remove you as beneficiary of his/her Tax-Deferred Annuity (TDA) Program annuity. You must sign and date this form.

**In Part D:** You must have this form notarized.



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**BENEFICIARY'S CONSENT FORM FOR CHANGES  
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 on page 1 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.

Beneficiary's First Name	MI	Last Name	Social Security Number (last 4 digits only)
<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"/>
Beneficiary's Permanent Home Address		Apt. No.	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"/>
City	State	Zip Code	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"/>
TRS Member's First Name	MI	Last Name	TRS Retirement Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PART B:** Please complete this part if you are consenting to the request of the above-named member, who is filing to change his/her QPP retirement allowance payment option, consequently removing you as beneficiary.

*I understand that \_\_\_\_\_, a TRS member with retirement number \_\_\_\_\_, has requested to change his/her 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 am the designated QPP beneficiary of the above-named member, under retirement payment Option \_\_\_\_\_, and that I was his/her spouse or in contemplation of marriage with him/her when (s)he selected a payment option. Since then, I have ceased to be his/her spouse, or am separated from him/her, or am no longer in contemplation of marriage with him/her. I have read the "Change Form for Post-Retirement Payment Option Under Section 13-565(c)" (code SD26) completed by the above-named individual, and I consent to the granting of the request explained therein.*

*I understand that, upon TRS' processing of this form and the one named above, I will not be entitled to any survivor benefit under this individual's original option election for his/her QPP retirement allowance. I waive, release, and discharge the City of New York from any and all claims, demands, or benefits that I may have, or become entitled to, as a result of my prior designation with the same force and effect as if I had never been designated as beneficiary under his/her original election. I certify that have executed this form of my own free will.*

SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

**PART C:** Please complete this part if you are consenting to the request of the above-named member, who is filing to change his/her TDA annuity payment option, consequently removing you as beneficiary.

*I understand that \_\_\_\_\_, a TRS member with retirement number \_\_\_\_\_, has requested to change his/her TDA payment option to the Maximum Payment Option 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 am the designated TDA beneficiary of the above-named member, under payment Option \_\_\_\_\_, and that I was his/her spouse or in contemplation of marriage with him/her when (s)he selected a payment option. Since then, I have ceased to be his/her spouse, or am separated from him/her, or am no longer in contemplation of marriage with him/her. I have read the "Change Form for Post-Retirement Payment Option Under Section 13-565(c)" (code SD26) completed by the above-named individual, and I consent to the granting of the request explained therein.*

*I understand that, upon TRS' processing of this form and the one named above, I will not be entitled to any survivor benefit under this individual's original option election for his/her TDA annuity payment. I waive, release, and discharge the City of New York from any and all claims, demands, or benefits that I may have, or become entitled to, as a result of my prior designation with the same force and effect as if I had never been designated as beneficiary under his/her original election. I certify that have executed this form of my own free will.*

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: \_\_\_\_\_