



## INSTRUCTIONS

PLEASE READ CAREFULLY

- This application may be filed **ONLY** by an individual who is the deceased TRS member's designated beneficiary under the Qualified Pension Plan (QPP). Please file this application in a timely manner to preserve certain rights to distribution options.
- This application must be filed in order to directly roll over all or part of a lump-sum death benefit from TRS' QPP Program to an Inherited Individual Retirement Arrangement (IRA) or an Inherited Roth IRA.
- This application must be filed in conjunction with your notarized "Attestation and Notarization for Online Death Benefit Claim" (code DB72) downloaded from the TRS website or with a correctly completed "Claimant's Statement" (code DB17); otherwise, this application cannot be processed.
- If you want to make a Direct Rollover to more than one Inherited IRA/Inherited Roth IRA, please file a separate application for each Direct Rollover. You may choose a maximum of three elections for this death benefit.
- You would be responsible for taking action to satisfy all required tax withholding associated with a rollover to a Roth account.
- A Required Minimum Distribution (RMD) may be issued annually from the Inherited IRA/Inherited Roth IRA based upon circumstances at the time of the distribution from TRS.
- According to Internal Revenue Service (IRS) rules, a Direct Rollover is not allowed for any portion of a death benefit that represents an RMD or that would not otherwise be eligible for a rollover. Any RMD issued in conjunction with a Direct Rollover will be reported to the IRS and indicated on a 1099-R form as a distribution.
- No Direct Rollover of a QPP death benefit is allowed after the fourth calendar year following the year in which the member died. Beneficiaries who roll over the death benefit to an Inherited IRA/Inherited Roth IRA may qualify to receive the death benefit over the course of their life expectancy. In order to qualify, these beneficiaries must receive a partial distribution of the death benefit or RMD in each of the calendar years following the year of the member's death. Otherwise, they must fully withdraw these funds from the Inherited IRA/Inherited Roth IRA at the financial institution accepting the Direct Rollover by the end of the fifth calendar year following the year of the TRS member's death.  
  
For SPOUSE beneficiaries: If the TRS member was already receiving RMD payments, the distributions would continue to be made to the beneficiary in accordance with IRS guidelines. However, if the member died *before* age 70½, and was not receiving RMD payments, then the beneficiary must contact the financial institution accepting the rollover funds to receive his/her own RMD payments. These distributions would be calculated based on when the TRS member would have reached age 70½. If the member died *after* age 70½, the beneficiary must receive his/her own RMD payments beginning in the year following the TRS member's death.
- All parts of this form must be completed.
- If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.



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**QPP DIRECT ROLLOVER APPLICATION**  
FOR LUMP-SUM QPP DEATH BENEFIT TO AN INHERITED IRA



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 application.**

**(NOTE: Please print in black or blue ink, and initial any changes that you make on this application.)**

**PART A:** Please provide the below information about the deceased TRS member.

First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	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"/>
Date of Birth (MM/DD/YYYY) <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 Death (MM/DD/YYYY) <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 Membership/Retirement Number <input type="text"/>	

**PART B:** Please provide the below information about yourself, **including the 12-digit Claim Code provided in the letter (code DB76) sent to you by TRS.**

TRS Claim Code: <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"/>			
First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Social Security Number <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"/>
Permanent Home Address <input type="text"/>		Apt. No. <input type="text"/>	Date of Birth (MM/DD/YYYY) <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 <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to Deceased TRS Member <input type="text"/>
Country <input type="text"/>		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"/>	
Email Address <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"/> <input type="text"/>	

☐ Check here if you entered new contact information above. TRS will then update our records based on what you entered.



**PART C:** To be completed by an authorized officer of the financial institution to which the funds are being directly rolled over.

Please indicate the Inherited IRA or Inherited Roth IRA and financial institution to which the individual named in Part B is rolling over funds. The **Name of Account** accepting the funds must include the name of the deceased member and must be indicated correctly as an Inherited IRA or Inherited Roth IRA (e.g., John Member, Deceased, Inherited IRA f/b/o Jack Beneficiary).

Name of Account

(e.g., John Member, Deceased, IRA f/b/o Jack Beneficiary)

Account Number of Inherited IRA/Inherited Roth IRA

Name of Firm (check will be made payable to)

Address of Firm

Officer's First Name

MI

Last Name

Official Title

Business Telephone Number

()  -

Minimum amount of rollover required: \_\_\_\_\_

*I certify that \_\_\_\_\_ has, or is establishing with transferred funds, an Inherited IRA/Inherited Roth IRA with the financial institution named above, and that this account will accept funds from a Section 401(a) Plan. As a representative of this financial institution, I understand that the Inherited IRA/Inherited Roth IRA is subject to IRS-required minimum distributions and that the period over which Required Minimum Distributions (RMDs) may be paid will vary depending on the timing of the distribution to the Inherited IRA/Inherited Roth IRA and whether RMDs were paid from the Section 401(a) Plan prior to the rollover.*

OFFICER'S SIGNATURE: \_\_\_\_\_ DATE (MM/DD/YYYY): \_\_\_\_\_



**PART D:** Please read the statement, enter the information, and sign and date below. If you are an agent/legal representative signing on the beneficiary's behalf, please indicate this.

*I understand that this application must be filed in conjunction with a notarized "Attestation and Notarization for Online Death Benefit Claim" (code DB72) or a correctly completed "Claimant's Statement" (code DB17) in order to be considered valid.*

*I understand that I would be responsible for satisfying all required tax withholding associated with a rollover to a Roth account.*

*I understand that RMDs may have to be received from this Inherited IRA/Inherited Roth IRA and that I am solely liable for any failure to comply with the RMD rules.*

*I understand that the period over which RMDs may be paid will vary depending on the timing of the distribution to the Inherited IRA/Inherited Roth IRA and whether RMDs were paid from TRS' QPP Program prior to the rollover.*

☐ I certify that **I am the spouse** of the deceased TRS member.

☐ I certify that **I am not the spouse** of the deceased TRS member.

*If signing as an agent, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise.*

☐ **CHECK HERE IF YOU ARE SIGNING AS AN AGENT.**

_____	_____	_____
YOUR SIGNATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)

