



## INSTRUCTIONS

PLEASE READ CAREFULLY

- As a TRS member, you are required to contribute to the Qualified Pension Plan (QPP). The Office of the Actuary determines the QPP contribution rate for Tier I/II members. This rate is known as your Certified Rate of contribution and is based on factors such as your age and credited prior service. Contributing at this rate will ensure that you meet the minimum accumulation required for full retirement benefits. Since your contributions to the QPP are a factor in determining your retirement allowance, contributing at a rate lower than the Certified Rate may result in a reduced retirement allowance. Please complete this application only if you are a Tier I/II member who wants to change the rate of your contributions to the QPP.
- Members who have met their Minimum Accumulation and would like to stop contributing to the QPP may file a "Zero Rate Application" (code RW73) instead of this application.
- If you designate a new QPP contribution rate in Part C of this form, TRS will forward your application to the Office of the Actuary, which must approve your election before a change to your QPP contribution rate can be implemented.
- ONLY Tier I or Tier II members may file this application.
- 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:** In this section, you may change your QPP contribution rate by changing your Social Security and Increased-Take-Home-Pay (ITHP) elections. Only complete this section if you want to change your Social Security and ITHP elections. If you want to designate a new contribution rate, please complete Part C instead of Part B.

In Part B, you may elect to **reduce** your current contribution rate, which would increase the gross amount of your paycheck but decrease the contributions to your TRS funds. You may elect both Option #1 and Option #2.

**OPTION #1:** By electing Option #1, you may reduce your current QPP contribution rate by the Social Security deduction rate, which is currently 7.65%. Please note that making this election may result in a very low (or zero) QPP contribution rate. For example, if your current QPP contribution rate is 9%, electing this option would reduce it to 1.35%. In addition, electing this option would increase the gross amount of your paycheck.

**OPTION #2:** By electing Option #2, you may reduce your current QPP contribution rate by the ITHP rate, which is currently 2.5%. For example, if your current QPP contribution rate is 9%, electing this option would reduce it to 6.5%. Electing this option would increase the gross amount of your paycheck.



If you had previously filed a "QPP Contributions Change Application" to reduce your QPP contribution rate, you may use this form to cancel one, or both, of your previous elections. You may also elect to complete Part C in conjunction with these options (see below).

**CANCEL OPTION #1:** If you had previously elected to decrease your QPP contribution rate by the Social Security deduction rate, you may cancel that election here. Your QPP contribution rate would be increased by 7.65%. The gross amount of your paycheck would be reduced because your Social Security deductions would be paid separately.

**CANCEL OPTION #2:** If you had previously elected to decrease your QPP contribution rate by the ITHP deduction rate, you may cancel that election here. Your QPP contribution rate would be increased by 2.5%. The gross amount of your paycheck would be reduced because you will be making 2.5% additional contributions to your QPP account to provide a higher annuity benefit upon retirement.

**In Part C:** In this section, you may designate a new QPP contribution rate that is greater or less than your current contribution rate, but not less than your Certified Rate. In the space provided, you may enter a percentage with up to two decimal places (e.g., 4.25%). You may also elect options from Part B of this form if you want to change your ITHP or Social Security deductions (see above).

Please note that the rate you elect must be approved by the Office of the Actuary. The Office of the Actuary may reject your election if it is deemed too low to meet the Minimum Accumulation required for full retirement benefits (i.e., if it is less than your Certified Rate). You will be notified by TRS if your election is rejected by the Office of the Actuary.

**In Part D:** You must sign and date this application.

**In Part E:** You must have this application notarized.

**QPP CONTRIBUTIONS CHANGE APPLICATION**  
FOR TIER I AND TIER II MEMBERS ONLY



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

(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 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	Apt. No.		TRS Membership/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:   /   /

**PART B:** To make an election(s) below, put a checkmark in the applicable box(es) and write your initials next to your choice(s) in the space provided.

☐ **OPTION #1: REDUCE YOUR CURRENT QPP CONTRIBUTION RATE BY THE CURRENT SOCIAL SECURITY DEDUCTION RATE**

*I elect to reduce my current QPP contribution rate by the current Social Security deduction rate of 7.65%. I understand that making this election will increase the gross amount of my paycheck but that it may result in a very low (or zero) QPP contribution rate.*

☐ **OPTION #2: REDUCE YOUR CURRENT QPP CONTRIBUTION RATE BY THE INCREASED-TAKE-HOME-PAY (ITHP) RATE**

*I elect to reduce my current QPP contribution rate by the current Increased-Take-Home-Pay (ITHP) deduction rate of 2.5%. I understand that making this new election will increase the gross amount of my paycheck.*

☐ **CANCEL OPTION #1 ABOVE**

*I elect to cancel my previous election to decrease my QPP contribution rate by the Social Security deduction rate. My QPP contribution rate will be increased by 7.65%. I understand that the gross amount of my paycheck will be reduced because my Social Security deductions will be paid separately.*

☐ **CANCEL OPTION #2 ABOVE**

*I elect to cancel my previous election to decrease my QPP contribution rate by the ITHP deduction rate. My QPP contribution rate will be increased by 2.5%. I understand that the gross amount of my paycheck will be reduced because my ITHP funds will be paid to my QPP account, thereby providing a higher annuity benefit upon retirement*

**PART C:** To make the election below, put a checkmark in the box, write your initials next to your choice in the space provided, and enter the percentage at which you would like to contribute to the QPP.

☐ **DESIGNATE A NEW QPP CONTRIBUTION RATE (NOT LESS THAN YOUR CERTIFIED RATE)**

*I elect to change my contribution rate to \_\_\_\_%. I understand that the Office of the Actuary may reject my election if it is deemed too low to meet the Minimum Accumulation required for full retirement benefits (i.e., if it is less than my Certified Rate). I understand that my current elections concerning ITHP and Social Security deductions will remain in effect unless I change them by making another election above.*

**PART D:** Please sign and date below.

*I understand that my election in Part C is subject to approval by the Office of the Actuary before it can be implemented.*

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

**PART E:** 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: \_\_\_\_\_