



## INSTRUCTIONS

PLEASE READ CAREFULLY

Beneficiaries of deceased TRS members who elected to participate in TRS' Tax-Deferred Annuity (TDA) Program under Chapter 677 of the Laws of 2003 may direct TDA accumulations to any or all of TRS' variable-return Passport Funds as listed below:

- Diversified Equity Fund
- Balanced Fund
- International Equity Fund
- Sustainable Equity Fund
- U.S. Equity Index Fund
- International Equity Index Fund

Investment elections may be changed four times a year. If you are a beneficiary who has established a TRS TDA account (*i.e.*, a "TDAB" participant), you may use this form to change past TDA investment elections. The election(s) made on this form would supersede any previous TDA investment elections you may have filed with TRS.

Please note that initial investment elections must be made on the "TDA Enrollment Form For Beneficiaries" (code TD80).

As a beneficiary, you can choose to invest in any or all of the variable-return Passport Funds. In accordance with Chapter 677, the Fixed Return Fund is not available to beneficiaries.

Investment election changes take effect on the following quarterly start dates:

- January 1
- April 1
- July 1
- October 1

You may submit this form at any time, and your elections would take effect on the next start date that occurs at least 30 days after TRS receives your form. For example, forms received on June 1 would take effect on July 1, but forms received on June 2 (29 days before July 1) would not take effect until October 1. In the month before your investment elections take effect, TRS will send you an acknowledgment letter verifying the election choices you made on this form.

Please retain a copy of this form for your records.

For your convenience, TRS forms and publications are available on our website.

If you require additional assistance, please contact our Member Services Center at 1 (888) 8-NYC-TRS.

**In Part A:** Provide all requested information. If you are a member of TRS independent of your “TDAB” membership, you may access our website to inform us of any recent or upcoming changes to your permanent address (and/or your phone number), or you may file a “Member’s Change of Address Form” (code DM13).

**In Part B:** You may convert your past TDA accumulations to any or all of the variable-return Passport Funds, in multiples of 5%, over 3, 6, 9, or 12 months. The example below illustrates how to complete Part B if you have funds in the Diversified Equity Fund and would like to convert 20% of your past Diversified Equity Fund accumulations to the International Equity Fund over 9 months. (This is only an illustration, not a recommendation.)

Move <i>out of</i> my <b>Diversified Equity Fund:</b>		
____%	to Balanced Fund	over ____ months
____%	to International Equity Fund	over ____ months
<b>20%</b>	to Sustainable Equity Fund	over <b>9</b> months
____%	to U.S. Equity Index Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

**Please note the following when completing Part B:**

- Improperly completed forms cannot be processed and will be returned to you with an explanatory notice.
- To convert funds from an investment program, you must have funds available in that investment program.
- One investment program cannot simultaneously be both the source and destination of a conversion. For instance, you cannot convert funds from the Diversified Equity Fund to the International Equity Fund while you are converting funds from the International Equity Fund to the Balanced Fund.
- The total percentage you convert from any one investment program may not exceed 100%.

**In Part C:** You must sign and date this form.

**TDA INVESTMENT ELECTION CHANGE FORM  
FOR BENEFICIARIES**



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 1 and 2 before completing this form.**

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

**PART A:** Please provide the information below.

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.	TDAB 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"/>
Email Address	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.

Please keep your contact information up to date. To update your contact information, file a "Beneficiary's Change of Address Form" (code DM14) with TRS.

**PART B:** For each fund that you want to move money out of, choose one or more funds to move money into. You must write both a percentage (a multiple of 5%) and a number of months (3, 6, 9, or 12) over which the conversion occurs.

Move out of my Diversified Equity Fund:		
____%	to Balanced Fund	over ____ months
____%	to International Equity Fund	over ____ months
____%	to Sustainable Equity Fund	over ____ months
____%	to U.S. Equity Index Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

Move out of my Balanced Fund:		
____%	to Diversified Equity Fund	over ____ months
____%	to International Equity Fund	over ____ months
____%	to Sustainable Equity Fund	over ____ months
____%	to U.S. Equity Index Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

Remember to write both a percentage (a multiple of 5%) and a number of months (3, 6, 9, or 12).

Move out of my International Equity Fund:		
____%	to Diversified Equity Fund	over ____ months
____%	to Balanced Fund	over ____ months
____%	to Sustainable Equity Fund	over ____ months
____%	to U.S. Equity Index Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

Move out of my Sustainable Equity Fund:		
____%	to Diversified Equity Fund	over ____ months
____%	to Balanced Fund	over ____ months
____%	to International Equity Fund	over ____ months
____%	to U.S. Equity Index Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

Move out of my U.S. Equity Index Fund:		
____%	to Diversified Equity Fund	over ____ months
____%	to Balanced Fund	over ____ months
____%	to International Equity Fund	over ____ months
____%	to Sustainable Equity Fund	over ____ months
____%	to International Equity Index Fund	over ____ months

Move out of my International Equity Index Fund:		
____%	to Diversified Equity Fund	over ____ months
____%	to Balanced Fund	over ____ months
____%	to International Equity Fund	over ____ months
____%	to Sustainable Equity Fund	over ____ months
____%	to U.S. Equity Index Fund	over ____ months

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

*I request that TRS implement my TDA investment elections as indicated on this form.*

*If signing as an agent of the beneficiary named in Part A, 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)