



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
**10 Corporate Woods Drive, Albany, NY 12211-2395**

**CERTIFICATION OF TRUST**

I, \_\_\_\_\_ , EmplID \_\_\_\_\_ , have designated  
\_\_\_\_\_ (the "Trust") as beneficiary of my death benefit,  
a lump sum under an optional form of retirement elected by me at retirement, or other lump sum  
payment due from the System following my death, as applicable. In accordance with the require-  
ments of the Internal Revenue Service, I hereby certify as follows:

1. Attached to this certification and furnished with it is a list which is, to the best of my knowledge, a true, correct and complete list of all the beneficiaries of the trust (including any contingent or remaindermen beneficiaries with a description of the conditions of their entitlement).
2. The trust is a valid trust under state law, or would be but for the fact that there is no corpus.
3. The trust is irrevocable or will, by its terms, become irrevocable upon my death.
4. The beneficiaries of the trust who are beneficiaries with respect to the trust's interest in my benefit are identifiable from the trust instrument.
5. If the trust instrument is ever amended at any time after the date of this certification, I will, within a reasonable time, provide the System with corrected certification(s) to the extent that the amendment changes any of the information to which I have previously certified.
6. I agree to provide a copy of the trust instrument to the System upon demand.
7. The name(s) and address(es) of the successor trustee(s) is/are as follows:  
(attach a separate sheet, if necessary)

_____	_____
_____	_____
_____	_____

**Signature**

**Date**

## **INSTRUCTIONS FOR COMPLETING CERTIFICATION OF TRUST FORM**

Internal Revenue Code §401(a)(9) requires this certification to be completed and submitted along with any beneficiary designation that designates a trust as the beneficiary of a death benefit, lump sum survivor option selected at retirement or other lump sum payment by the System.

This form is not required if the member and trustee respectively have provided the System with a true copy of the entire trust instrument. In such circumstances, the member and trustee shall be deemed to have agreed and shall be obligated, whenever such instrument is amended at any time, to provide a true copy of such amendment to the System.

Instructions for completing the form are as follows:

1. Please type or print in blue or black ink.
2. Please complete the form with your name, your EmplID, and the title of your Trust.
3. Please provide the name(s) and address(es) of the successor trustee(s) named under your Trust. This information is particularly necessary if you have named yourself as the original trustee or should the original trustee predecease you. Attach a separate sheet if additional space is needed.