



What will be covered

- Requesting a Refund
- Refund Processing
- Changing Address
- Payment Options
- Contact Info, Phone #'s, & Presentation Materials
- Q & A

Eligibility for Refund

- Must officially resign from TRS covered position or be terminated from your position
- Must complete 4 month waiting period from the last day of teaching to receive the refund check.
- Able to request the refund application prior to last day of teaching.

REQUESTING A REFUND

Requesting a Refund

Call TRS at 877-927-5877 and speak with a Member Services Representative OR email members@trsill.org

Please know the following information:

- Your full name
- last 4 digits of your social security number or TRS member ID #
- current mailing address
- contact phone number
- last employer(s)
- last day in a TRS-covered position

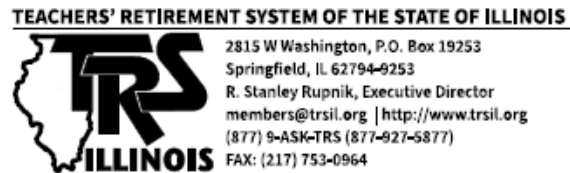
When Can Refund Process Begin?

- You can request your application prior to your last day of employment if you will not be returning to a TRS position
 - Allows you to obtain the required notary signature while in US
 - Allows you to make an address change
- Must complete 4 month waiting period from the last day of teaching for the claim to be processed

Changing Home Address

Option 1

- Update Home Address on the Refund Application
- Writing it on the top of the application (must complete prior to notary signature)



Refund Application

Member Name	Member ID:	XXXXXX
Street Address	Date of birth:	01/01/1900
City State Zip Code	Home telephone number:	(XXX) XXX-XXXX
	Work telephone number:	
	Work extension number:	

Option 2

- Update Home Address after Application is received and within 4 month waiting period.
- Print Change of Address Form, which must be notarized

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS
 2815 W Washington, P.O. Box 19253
 Springfield, IL 62794-9253
 R. Stanley Rupnik, Executive Director
 members@trsil.org | http://www.trsil.org
 (877) 9-ASK-TRS (877-927-5877)
 FAX: (217) 753-0964

Change of Address Form

For expedited address changes, log in to your secure TRS member account on trsil.org and make the change online.

Member Information					
First name:	M. Initial:	Last name:	SSN (Last 4 Digits) or TRS Mbr Id:	Date of birth:	Gender:
Primary phone: () -	Secondary/Work phone: () -	Ext.:	E-Mail:		
Update to: <input type="checkbox"/> Mailing/Residential (if mailing and residential are the same) <input type="checkbox"/> Mailing Only <input type="checkbox"/> Residential Only					
Previous Address			New Address		
Previous street address or PO Box:	Apt./Unit #:		New street address or PO Box:	Apt./Unit #:	
City:	State:	Zip code:	City:	State:	Zip code:
Previous residential address (if different from previous address):			New residential address (if different from new address):		
Authorization - Required signature must be witnessed by a notary public.					
I certify that the information I furnished herein is true, accurate and complete. I understand that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud TRS is guilty of a Class 3 felony, and the TRS Board of Trustees is required to report any suspicion that a false record has been filed with the State's Attorney for investigation.					
Signature: _____			Date: _____		
Section below should be completed only by a notary.					
State of: _____		County of: _____			
This instrument was personally acknowledged before me on _____ by _____					
			Date Name		
			My commission expires: _____		
Signature _____					
Seal					
Submit Completed Form to TRS					
Upload the completed form by logging into your TRS member account at trsil.org . After login, select Member Services, then select Document Upload. Select "Other" and complete your upload. If you do not have an account, it is easy to create one. Visit trsil.org . Select Member Login from the top right of the home page and select New User. Your username and password will be established with the proper information. You may enter the secure area immediately.					
If you cannot create an account, you can fax the request to (217) 753-0964 or mail to P.O. Box 19253 Springfield, IL 62794-9253. If you have any questions completing the form, please contact Member Services at (877) 927-5877.					

Online: trsil.org/change-of-address-form | 4/22



COMPLETING THE REFUND APPLICATION

Section 1

Part A: If you are currently teaching, select Option 3

Part B: Select the Employment that applies to you.

Section 1: General information

Part A – Employment status *(Select only one option):*

- Option 1: I am currently not on a leave of absence and have not worked in a TRS-covered position during the last two years. **(If this option is selected, it is not necessary to complete Part B – Type of employment below.)**
- Option 2: I am currently on a leave of absence.
- Option 3: I have worked in a TRS-covered position during the last two years.

Last day taught/worked for which earnings were paid: _____

Date of last payment for regular earnings: _____

Part B – Type of employment *(Mark any that apply.)*

- Part-time noncontractual *(Hourly/daily)*
- Part-time contractual
- Full-time *(4 clock hours daily)*
- Substitute
- Extra duty not requiring certification

Last position was *(Complete only if full-time or part-time contractual):*

- Terminated due to reduction
- Resigned
- Terminated
- Not applicable (on leave of absence)

Effective date of termination, resignation, or leave of absence. _____

Are you currently teaching in the State of Illinois? Yes No

If "yes," give district name, number, and county. _____

Last two years of service for which contributions were withheld *(List employment in each district on a separate line.)*

District number	District name	County	School year taught
_____	_____	_____	_____
_____	_____	_____	_____

Certification

Requires a Notary Public

Do not sign this section until you are with a Notary Public.

Public Notaries can be located in financial institutions or city/state government buildings.



Certification

I certify that the information given is true and correct, and that I have terminated employment in a position covered by the Teachers' Retirement System (TRS). I also certify that I have read and understood the information about the loss of benefits due to a refund. I understand that my contributions to the survivor benefits program (1 percent of earnings) are by law not refundable and that acceptance of this refund terminates my membership in TRS, forfeiting any benefit coverage. Upon acceptance of the 100% refund, any beneficiary designation on file is rendered null and void.

By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that if the TRS Board has a reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the appropriate state's attorney for investigation.

Applicant's signature	Date
Subscribed and sworn to (or affirmed) before me, a notary public, on _____ (Date) by _____ (Name of person).	
(Seal)	_____ (Signature of notary public)

If the reverse side is not completed, TRS is required for federal income tax purposes to withhold 20 percent of the taxable portion of all lump-sum payments.

Payment Options

- There are no direct deposit option for the refund amount.
- All refund checks are paper checks and mailed by the IL Comptroller's Office.
- Payments can be made as a paper check to the individual OR rollover into qualified plan.
- Refund payments will be issued and mailed to the address on file after the 4 month waiting period and documentation have been received.

Section 2

If you want a paper check mailed to you, select “I do not elect to directly transfer/roll over the taxable portion...”

If you want to rollover the funds, select “I do elect to directly transfer/roll over the taxable portion...” & list your SSN.

Section 2: Withholding election for nonperiodic payments

If Section 2 is not completed, TRS will issue payment directly to you at the address listed on the front of this form.	
The following taxable and nontaxable portions are only estimates. These estimates may not include current year earnings and are subject to change during the claim process.	
Estimated taxable portion:	\$ 16,925.66
Estimated nontaxable portion:	\$.00
Estimated total:	\$ 16,925.66
This section only applies if the total benefit is greater than \$200.00.	
TRS is required to apply 20 percent federal income tax withholding to your lump-sum distribution unless the taxable portion of such distribution is directly transferred/rolled over to an eligible plan, account or annuity. Please read the enclosed <i>Special Tax Notice Regarding Payments from TRS</i> publication.	
Place an "X" inside the appropriate box. I understand this selection is irrevocable.	
Distribution of taxable portion	
<input type="checkbox"/> I do not elect to directly transfer/roll over the taxable portion of my lump-sum payment. I direct that payment be made to me. I understand that the taxable portion of the payment is subject to 20 percent federal income tax withholding.	
<input type="checkbox"/> I do elect to directly transfer/roll over the taxable portion of my lump-sum payment. Please complete Section 3 of this form.	
I hereby provide my Social Security number for use by the financial organization listed below. <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"/>	
Certification	
I certify that I have read the <i>Special Tax Notice Regarding Payments from TRS</i> publication, and that the direct transfer/rollover, if elected, is being made into an eligible plan, account or annuity.	
Signature (mandatory)	Date
<i>Note: If you elect to directly transfer/roll over a percentage of your taxable and/or nontaxable portion, your designated financial organization or retirement plan (payee) must complete Section 3.</i>	



Section 3

This Section is filled out by the FINANCIAL ORGANIZATION if you are doing a rollover.

Section 3: Designated for financial organization or retirement plan (payee) completion

TRS operates as a qualified pension plan under the provisions of the Internal Revenue Code, Section 401(a).

Members may not complete this section.

We, the below designated financial organization or retirement plan, agree to receive and deposit the direct transfer/rollover.

We certify that the direct transfer/rollover is being made to an eligible plan, account or annuity as allowed by the Internal Revenue Code.

Place an "X" inside the appropriate box. I understand this selection is irrevocable.

Directly transfer/roll over _____ percent to:

- an Internal Revenue Code (IRC) Section 401(a) qualified plan*, including Keogh plans
- an annuity plan described in IRC, Section 403(a)
- a tax-sheltered account described in IRC, Section 403(b)*.
- an individual retirement account or annuity (IRA) under IRC, Section 408(a)* or Section 408(b)*
- a Simplified Employee Pensions Plan (SEP) under IRC, Section 408(k)
- an eligible deferred compensation plan under IRC, Section 457(b) which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state
- a safe harbor 401(k) plan*
- a Roth IRA*
- a Simple IRA

**Nontaxable amounts may be transferred/rolled over into these options. If you select a plan that does not accept nontaxable amounts, the nontaxable portion will be mailed directly to you.*

Note: A paper check will be issued for this direct transfer/rollover. The address below should reflect where the payment will be mailed.

Name of financial organization or retirement plan (payee) receiving the transfer/rollover check

Account number

Telephone number of financial organization or retirement plan

Mailing address

City

State

ZIP code

Print authorized name for financial organization or retirement plan (payee)

Date

Authorized signature for financial organization or retirement plan (payee)

Date

No TRS employee has authority to bind the System to any statement or action contrary to law. Laws are subject to change. TRS must correct errors upon discovery even if payment has begun. Any information is for the specific purpose provided and does not represent tax, legal, or other professional advice. Seek personal professional advice as needed.



W-8BEN Withholding Certificate

What is a W-8BEN?

- The W-8BEN is an IRS form used to report the status of a foreign nonresident alien for certain U.S. tax withholding. The form is filed by individuals who are **neither U.S. Citizens nor Legal Permanent Residents**.
- Individuals may not be taxed when receiving the TRS lump-sum benefit depending on the country's tax treaty agreement with the U.S.
- Individuals whose submitted a valid W-8BEN will receive a **1042-S** tax form in February of the following year.

Form W-8BEN (Rev. October 2021) Department of the Treasury Internal Revenue Service	Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals) <ul style="list-style-type: none">▶ For use by individuals. Entities must use Form W-8BEN-E.▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.▶ Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
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W-8BEN Withholding Certificate

Where can I locate the W-8BEN?

[Form W-8 BEN \(Rev. October 2021\) \(irs.gov\)](#)

TRS is unable to assist with completing the W-8BEN nor provide any information on tax implications. Please contact the IRS directly:

[About Form W-8 BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting \(Individuals\) | Internal Revenue Service \(irs.gov\)](#)

Contact TRS

Social Media



members@trsill.org



<https://trsill.org>



[Facebook.com/TRSillinois](https://www.facebook.com/TRSillinois)



@ILLTRS

Current Phone & Hours

(877) 927-5877

M-F 8:30 am - 4:30 pm

Presentation Link:

www.trsil.org/J1Visa

QUESTIONS
