

# Certification of Trust and Authorization for Direct Deposit of TMRS Annuity



Pages 1-2 to be completed by the Trustee(s)

Page 3 to be completed by the Trustee(s) and Payee

This is to be completed in conjunction with the Direct Deposit Authorization Form (TMRS 80E). In order for TMRS to electronically deposit the payee's monthly annuity into a bank account under a Trust name, we require a current Certification of Trust which is described under the Texas Property Code Section 114.086.

## TO BE COMPLETED BY TRUSTEE(S)

Please type or use only black ink and do not highlight. Mail or fax completed form to TMRS.

TMRS Payee's Name (first, middle, last) \_\_\_\_\_ Social Security Number Or TMRS ID Number (required) \_\_\_\_\_

Official Trust Name \_\_\_\_\_

Trust Bank Account Name if different from Official Trust Name above \_\_\_\_\_

Trust Grantor(s) (individual whose assets are put into the trust) \_\_\_\_\_ Date Trust Established \_\_\_\_\_

## THE IDENTITY AND MAILING ADDRESS(ES) OF THE CURRENT TRUSTEE(S):

Name of Trustee \_\_\_\_\_ Mailing Address of Trustee \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Mailing Address of Trustee \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Mailing Address of Trustee \_\_\_\_\_

## BENEFICIARY(IES) OF THE TRUST:

If additional space is needed for beneficiaries, please attach.

Name of Beneficiary \_\_\_\_\_ Relationship to the Payee \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship to the Payee \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship to the Payee \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_ Relationship to the Payee \_\_\_\_\_

1.) Do the trust powers include at least all the powers granted a trustee by Subchapter A, Chapter 113, Texas Property Code? (If unsure, please consult with your legal counsel.)

Yes  No

If no, please list one or more powers of the trustee in the trust document: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TO BE COMPLETED BY PAYEE(S) AND TRUSTEE(S)

## Payee's and Trustee's Authorization and Acknowledgement

\_\_\_\_\_  
TMRS Payee's Name (first, middle, last)

\_\_\_\_\_  
Social Security Number Or TMRS ID Number (required)

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Trust Account Number

Payee hereby authorizes the Texas Municipal Retirement System (TMRS) to deposit his or her monthly retirement benefit payment electronically to the Financial Institution and the Trust account indicated above. Payee and Trustee(s) each also acknowledge, agree and certify to TMRS that:

1. the account indicated above is a trust account for the Trust and the Trust is established for the benefit of the Payee and/or the Payee's family members;
2. this direct deposit authorization by the Payee is revocable and may be changed or revoked by the Payee, at his or her sole discretion, at any time;
3. this direct deposit authorization is not an assignment or alienation of all or any portion of the Payee's TMRS benefit payments, and TMRS will continue to annually report (on IRS Form 1099-R) the Payee as the recipient of all TMRS benefit payments, including any amounts deposited in the Trust account pursuant to this authorization; and
4. Payee and Trustee(s) each hereby authorizes TMRS and the Financial Institution to correct any credit entries made in error to the Trust account.

**X**

\_\_\_\_\_  
Payee's or Legal Representative's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**X**

\_\_\_\_\_  
Trustee(s) Signature\*\*\*\*

\_\_\_\_\_  
Date (MM/DD/YYYY)

\*\*\*\* If more than one Trustee, need signatures of all trustees required by Trust Terms to bind the Trust.

**X**

\_\_\_\_\_  
Trustee(s) Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**X**

\_\_\_\_\_  
Trustee(s) Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**X**

\_\_\_\_\_  
Trustee(s) Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

