

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: _____

2.) Is the Trust revocable or irrevocable?

Revocable Irrevocable

If revocable, you must identify the person(s) that may revoke the trust: _____

3.) Is more than one trustee required to authenticate the trust or sign for the trust?

Yes No

If yes, you must clarify. For example, list each co-trustee who is authorized to act individually for the trust. Or, if two or more co-trustees are required in order to exercise the powers of the trustee, please explain.

Section 851.101 of the Texas Government Code provides for punishment by fine and/or imprisonment of (i) a person who knowingly makes a false statement in a report or application to the retirement system in an attempt to defraud the system, or (ii) a person who knowingly makes a false certificate of an official report to the retirement system.

I hereby certify that, as of the date I sign the Certification below, the above information correctly reflects all information included within the Trust Instrument and that the Trust exists and is a valid trust under applicable state law. I further certify that the trust has not been revoked, modified, or amended in any manner that would cause the representations contained in the certification to be incorrect. I agree to provide TMRS with a copy of the Trust Instrument upon request.

X

Signature of Trustee

Date

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

X

Signature of Trustee

Date

X

Signature of Trustee

Date

X

Signature of Trustee

Date

Please note, the Payee's and Trustee's Authorization and Acknowledgement (next page) is also required.

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)

