



**INSTRUCTIONS**

PLEASE READ CAREFULLY

**Requesting a New Check**

Please file this form if you are requesting that TRS issue you a new check due to one of the following situations:

- Your check from TRS is defaced, incomplete, outdated, or torn.
- Your check from TRS was lost or stolen after you received it.
- You were due a check from TRS but never received it.
- You learned of an unclaimed check from TRS on TRS' website.
- If you have access to the secure section of our website (as a retiree or a beneficiary), you **should request your reissue online** as this will expedite the processing.
  - Retirees will be directed to elect EFT. Once EFT setup is complete, retirement payments are generally reissued in 5 business days.
- Once TRS receives the completed form, retirement checks will generally be reissued within 45 business days. Other checks will generally be reissued within 15 business days.
- If you have not received a check due you from TRS, you are required to wait 10 business days from the date that TRS mailed the check, which is now missing, before filing this form.
- If you have received a check that was due you from TRS, and the check is outdated, defaced, or incomplete, you may file this form immediately.
- If your check has been cashed, we will send you a copy of the check, along with additional information and instructions.
- Please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS if you are unable to sign this form or you need further assistance.



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**AFFIDAVIT FOR CHECK REISSUE REQUEST**  
(AND AUTHORIZATION TO STOP PAYMENT)



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

**(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.		TRS Membership/Retirement/Beneficiary 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. You can visit our website to update your contact information anytime, or file a "Member's Change of Address Form" (code DM13) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

**PART B:** Please check the appropriate box below.

- |   |  |
|---|--|
| <input type="checkbox"/> I am an in-service member of TRS.                                      | <input type="checkbox"/> I have resigned or been terminated from my TRS-eligible position. |
| <input type="checkbox"/> I am a retired member of TRS.  | <input type="checkbox"/> I am the beneficiary of a deceased TRS member.*                   |
| <input type="checkbox"/> I am the executor/legal representative of a deceased member's estate.* |  |

\*If you are requesting a reissue of a check representing a lump-sum death benefit from TRS, you can instead use the claim code previously provided by TRS to log in to the TRS website and request a reissued check. You can make this online request no later than April of the calendar year following the disbursement of your benefit payment. (If your claim code has expired, you may be able to request a new claim code by calling TRS.)

**PART C:** Only if you are filing this form as a beneficiary or executor/legal representative of a deceased member's estate, please complete the following about the deceased member. If you are a TRS member, complete Part A instead.

Member's 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"/>
TRS Membership/Retirement Number			
<input type="text"/>			

**PART D:** Please provide all requested information about your check below.

Type of check: _____ <small>(e.g., loan, pension)</small>	Check number: _____
Date of check: _____ <small>(MM/DD/YYYY)</small>	Amount of check: _____

**PART E:** Check the box next to the statement that applies to you. Then, go to Part F.

- I am returning a defaced, incomplete, outdated, or torn check to TRS for reissue.
- I was due a check from TRS but never received it; my check from TRS was lost or stolen; or I learned of an unclaimed check on the TRS website.

**PART F:** Please read the statement and enter the information below; then sign and date in the presence of a notary. If you are an agent/legal representative signing on the member’s or beneficiary’s behalf, please indicate this.

I, \_\_\_\_\_, being duly sworn, depose and say that I am returning an outdated, torn, defaced, or incomplete check to TRS for reissue **OR** I was entitled to receive a check from TRS, but this check is not now in my possession. In the latter case, I certify that I never negotiated, deposited, or cashed this check, and I do not know its whereabouts. I make this affidavit authorizing TRS to stop payment on the check and requesting that TRS issue a duplicate check. Should the original check ever come into my possession, I will return it immediately to TRS. In requesting that TRS issue a new check to me, I agree to indemnify and reimburse TRS against all losses that it may sustain at any time due to the deposit or cashing of the original check.

*If I am signing as an agent of the individual 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)
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**PART G:** TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of \_\_\_\_\_ )  
 ) s.s.:  
 County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared the person known to me to be \_\_\_\_\_, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: \_\_\_\_\_ Expiration Date of Commission: \_\_\_\_\_  
 Official Title: \_\_\_\_\_