



**INSTRUCTIONS**

*PLEASE READ CAREFULLY*

- TRS offers convenient access to personalized account information through our website, automated phone system, and Member Services Center. For security purposes, you must have a registered username and password to access your account information through our website. To obtain account information through our automated phone system and Member Services Center you must use your TRS Membership/Retirement Number or Department of Education File Number.
- You may register for a username and password on our website. For increased security, TRS recommends that you keep your username and password confidential to prevent unauthorized access to your account information, and that you change your password periodically.
- TRS representatives will never ask for your username or password. In addition, our representatives are unable to identify your username or password for you, since they do not have access to this information.
- Please file this form only in one of the following cases:
  1. To block access to your account information by phone or through TRS' website.
  2. To restore access to your account information by phone or through TRS' website.
- TRS would process your request within seven business days of the receipt of your properly completed form.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, we encourage you to contact our Member Services Center at 1 (888) 8-NYC-TRS.

**In Part A:** All information must be provided. This information is required to ensure the security of your personal data, and will only be used to verify your identity.

**In Part B:** Please make only one election regarding access to your account information; please sign and date this form.

**In Part C:** You must have this form notarized.



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Please read the instructions on page 1 before completing this form.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this form.)

PART A: All information must be provided.

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 Number/Retirement 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"/>
Date of Birth (M/D/Y):			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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so do not enter a temporary address; instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis. To register any changes to your permanent address (and/or phone number), please access our website or file a "Member's Change of Address Form" (code DM13) with TRS.

If you are providing new information above, please indicate the effective date (M/D/Y):  /  /

PART B: Please check only one of the boxes below. Please sign and date this form.

- Please block access to my account information.** By electing to block access, I understand that I would be unable to obtain my account information by phone or through TRS' website. I also understand that I may restore access to my account information by filing another copy of this form at a later date.
- Please restore access to my account information.** By electing to restore access, I understand that I would be able to obtain my account information by phone or through TRS' website. I also understand that I should keep my username and password confidential to prevent unauthorized access to my account information, and that I should change my password periodically.

MEMBER'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_





**PART C:** 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: \_\_\_\_\_

Official Title : \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_

