



Please read the instructions before completing this form.

(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 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"/>
Permanent Home Address	Apt. No.		TRS Membership/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"/>
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) with TRS.

- In certain situations, TRS members may want to file a form or application to request a new membership/retirement benefit, but TRS has not yet made a specialized form available for use. This occurs, for example, when new legislation has been signed into law. In such a case, you may file this form to state your intent of filing for the applicable benefit. TRS will send you the specialized form when it becomes available, and you must file the completed form with TRS within 90 days or this filing will be void.
- You should visit our website for updates on TRS' implementation of new legislation.
- If you have any additional questions, please contact our Member Services Center at 1 (888) 8-NYC-TRS. Please note that our Member Services Representatives will not have any additional information about pending legislation than we have made available on our website.

PART B: Please indicate the membership/retirement benefit for which you would like to apply (e.g., the chapter number of a new state law), provide us with any information that may clarify your request including why you are eligible for this benefit, and provide specific information about your status (e.g., retired, in-service, beneficiary, tier, membership date, title) on page 2.

Chapter Number of New Law (if applicable): _____

Description of Membership/Retirement Benefit: _____



Reason for Request: _____

Status (check one): ☐ In-Service Member ☐ Retiree ☐ Beneficiary
Tier (check one): ☐ Tier I ☐ Tier II ☐ Tier III ☐ Tier IV ☐ Tier VI

Membership/Retirement Date: _____

Employer (check one): ☐ Department of Education ☐ City University of New York
☐ Charter School (indicate name of school): _____

Title (e.g., Teacher, Professor): _____

PART C: Please initial the following attestation, and sign below.

_____ *I understand that filing this form will protect all of my rights for the membership/retirement benefit(s) I have described above (if applicable). If the benefit filing is irrevocable, filing this form will have the same effect. Prior to filing this form, I contacted TRS to check if an existing form was available for use. I understand that this form may not be used as a substitute for existing TRS forms and will be invalid if used in such a manner. This form is strictly limited for filing when a benefit-specific form has not been created. The date that TRS receives this form will be honored as the date I “filed” for the benefit. I understand that TRS will send me the actual form that I must file when it becomes available, and that I must return the completed form within 90 days or this filing will be void. I also understand that if I file this form for a benefit related to pending legislation, this form will be void if the legislation does not become law.*

SIGNATURE _____ DATE (MM/DD/YYYY) _____

