



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
<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.	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"/>	
City	State	Zip Code	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"/>
Date of Birth (MM/DD/YYYY)			Email Address
<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"/>
Gender			TRS Membership Number (if available)
<input type="checkbox"/> Male <input type="checkbox"/> Female			<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.

**You must file this form if you are now, or have been, a member of any other New York City or New York State public retirement system, or of the Optional Retirement Program (ORP) offered by TIAA. (For your convenience, you may instead access the secure area of our website and file the online equivalent.) Please see the *Enrolling in TRS* brochure for additional information.**

**PART B:** Please provide the following information about your membership(s) in a public retirement system.

1) Are you currently a member or were you previously a member of a NYC/NYS public retirement system or of TIAA?  Yes  No

**If No** → STOP. You do not need to file this form.

**If Yes** → Complete the information below; then go to Part C.

2) Name of your current public retirement system (*not* TRS):

2a) Membership number in the above retirement system:

2b) Membership dates in the above retirement system: From:  /  /   
To:  /  /

3) Name of any previous public retirement system:

3a) Membership number in the above retirement system:

3b) Membership dates in the above retirement system: From:  /  /   
To:  /  /



4) Did you retire from your current (*not* TRS) or previous public retirement system?  Yes  No

**If No** → Go to Part C.

**If Yes** → Complete 4a) and 4b) below; then go to Part C.

4a) What was your effective retirement date?

/   /

4b) Have you suspended your retirement allowance?

Yes  No

**If No** → STOP. You are not eligible for TRS membership at this time.

**If Yes** → Write the date your retirement allowance was suspended:

/   /

**PART C:** Please read the following statement and sign and date below.

*I certify that I have read the Enrolling in TRS brochure, including the information about membership in other retirement systems.*

*If I am a retired member of a public retirement system, I certify that I have suspended my retirement allowance in the \_\_\_\_\_ so that I may be a TRS member. If I am not a retired member of a public retirement system, I certify that, to the best of my knowledge, I am eligible for TRS membership.*

*I affirm that, to the best of my knowledge, all the information I have provided above is true and correct.*

MEMBER'S/APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

