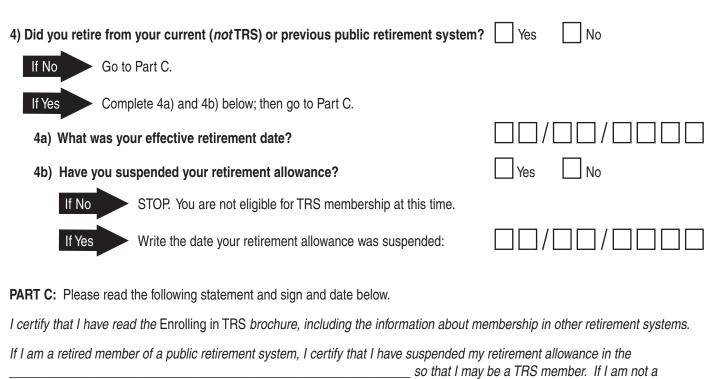


## Please print in black or blue ink, and initial any changes that you make on this form.

PART A: Please provide the information below.

EN10ret (10/16) CONTINUED ON	PAGE 2 PAGE 1
3b) Membership dates in the above retirement system:	From:
3a) Membership number in the above retirement system:	
3) Name of any previous public retirement system:	
2b) Membership dates in the above retirement system:	From: Image: A start sta
2a) Membership number in the above retirement system:	
2) Name of your current public retirement system (not TRS):	
If Yes Complete the information below; then go to Part C	
If No STOP. You do not need to file this form.	
1) Are you currently a member or were you previously a member	
<b>PART B:</b> Please provide the following information about your members	pership(s) in a public retirement system.
system, or of the Optional Retirement Program (ORP) offered b	of any other New York City or New York State public retirement by TIAA. (For your convenience, you may instead access the se see the <i>Enrolling in TRS</i> brochure for additional information.
Please keep your contact information up to date. You can visit our v a "Member's Change of Address Form" (code DM13) with TRS.	vebsite to update your contact information anytime, or file
Check here if you entered new contact information above. TRS	
Gender	TRS Membership Number (if available)
	Email Address
City State Zip Code	Alternate Phone Number (Check one: Home Work Mobile)       (     )
Permanent Home Address A	Dt. No. Primary Phone Number (Check one: Home Work Mobile)
First NameMILast Name	Social Security Number



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.

EMBER'S/APPLICANT'S SIGNATURE	

DATE (MM/DD/YYYY) \_