



RETIREE'S CHANGE OF NAME FORM



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

Please read the instructions before completing this application.

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

PART A: Please provide the information below.

Form fields for personal information: First Name, MI, Last Name, Social Security Number, Permanent Home Address, Apt. No., TRS Membership Number, City, State, Zip Code, Primary Phone Number, Email Address, Alternate Phone Number.

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.

PART B: Please complete the following, sign below, and attach a copy of the name-change documentation. As an alternative to filing this form, you may access the secure section of our website.

I attest that, effective (Month/Day/Year), my name has legally been changed from to on account of the following reason:

I request that TRS' records be changed accordingly. I further state that I have made this change for all purposes, and will be known to acquaintances and friends by the changed name. I am attaching a copy of the pertinent legal document that effects the name change (e.g., divorce decree, marriage certificate, etc.).

MEMBER'S SIGNATURE (Previous Name) DATE (M/D/Y)

MEMBER'S SIGNATURE (Present Name) 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: _____