



INSTRUCTIONS

PLEASE READ CAREFULLY

- If you have found a discrepancy on, or would like to make an inquiry regarding, your most recent Annual Benefits Statement (ABS), please file this form with TRS; you may use this form to inquire about only your most recent ABS. Please submit a copy of the page where the discrepancy has been found and supporting documentation that could help TRS to resolve the discrepancy.
- If you currently have an outstanding ABS inquiry on file at TRS, you may not submit another inquiry at this time. You may submit an additional inquiry after you receive notification from TRS that your pending inquiry has been resolved.
- As an alternative to filing this form, you may access our website to make an inquiry.

(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.	TR Membership 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"/>
			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"/>

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: / /

PART B: Please enter the year in which the ABS you are inquiring about was issued. As a reminder, you may use this form to inquire about only your most recent ABS.

Year: _____

PART C: Please check off the category(ies) about which you have specific questions, and write the questions on the lines provided.

Service Credit, Service Milestones



PART C (continued):

Benefit Estimates, Benefit Projections

Other

PART D: Please complete this section only if you intend to file for service retirement within the next 12 months, or if you have already done so. Please check off the applicable statement and fill in the date.

I intend to file for service retirement with an effective date of _____.
(M/D/Y)

I filed for service retirement with an effective date of _____.
(M/D/Y)

PART E: Please sign and date this form.

MEMBER'S SIGNATURE _____ DATE (M/D/Y) _____

