

(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)
Permanent Home Address		Apt. No.	TRS Membership/Retirement/Beneficiary Number
City	State Zip Code		Primary Phone Number (Check one: Home Work Mobile)
Email Address			Alternate Phone Number (Check one: Home Work Mobile)

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) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

You are required to wait 10 business days from the date that TRS mailed the missing check before filing this form. Processing your completed form should take 15 business days from the date on which TRS receives it. Please note that forgery claims must be filed with TRS within 3 years from the date that the check was issued.

PART B: Please check the appropriate box below.

I am an in-service member of TRS.

I am a retired member of TRS.

I have resigned or been terminated from my TRS-eligible position.

I am the beneficiary of a deceased TRS member.

PART C: Only if you are filing this form as a beneficiary, please complete the following information about the deceased TRS member. If you are a TRS member, complete Part A instead.

Member's First Name	MI Last I	Name	Social	Security Number
				$]\Box - \Box \Box - \Box \Box \Box \Box \Box$
TRS Membership/Retirement	Number			

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PART D: Please read below and enter the requested information. If you are an agent/legal representative signing on the member's or beneficiary's behalf, please indicate this.

I,	, being du	ly sworn, depose and say that I was el	ntitled to receive a
check from TRS, dated	, number	, in the amount of \$; however, I have
	(Month/Day/Year)		

not yet received this check.

One

TRS has advised me that this check was sent to me in the regular manner at least ten days ago. I acknowledge that I received a photocopy of this endorsed check; however, I deny that the signature on the back of the check is my own. I certify that I never deposited or cashed the check, and I state that I did not authorize anyone to endorse the check in my name for deposit or to cash, and that someone forged my signature.

Please I make this affidavit requesting that TRS issue a replacement check after investigation and resolution of this matter.

[This option is available only for retirement allowance checks and loan checks.] I make this affidavit requesting that TRS issue a replacement check before my bank determines that forgery has occurred. Should the bank determine that forgery has not occurred, I agree to indemnify and reimburse TRS within 15 days against all losses that it may sustain at any time due to the deposit or cashing of the original check.

If signing as an agent of the member or beneficiary named in Part A, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise. CHECK HERE IF YOU ARE SIGNING AS AN AGENT.

YOUR SIGNATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)
PART E: TO BE COMPLETED BY A NOTARY (NOTE:	Attestation made outside the U.S. must be exec	cuted before an American consul.)
State of)		
) s.s.:		
County of)		
On the day of	,, before me persor	ally appeared the person known
to me to be		, the individual who
executed the foregoing instrument and acknowledged to	o me that (s)he executed the same.	
Signature:	Expiration Date of C	ommission:
Official Title:		