



CHECK REISSUE REQUEST 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

(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)
<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"/>
Permanent Home Address	Apt. No.		TRS Membership/Retirement/Beneficiary 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"/>
Email Address			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"/>

☐ 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.

- Please complete this form if you are requesting that TRS mail you a new check to replace an outdated, torn, defaced, or incomplete check.
- Please note that you must attach to this form the check that you would like reissued. The returned check should be marked "VOID."
- Processing your completed form should take approximately 15 business days from the date on which TRS receives it.
- TRS will mail your new check to the address indicated in Part A of this form.
- If you have any questions, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.

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.

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"/> <input type="text"/> <input type="text"/> <input type="text"/>
TRS Membership/Retirement Number			
<input type="text"/>			

PART D: Please check the box below and provide the requested information about the check in question.

☐ I am filing this form to request a new check to replace an outdated, torn, defaced, or incomplete check.

Type of check: _____ Check number: _____

Date of check: _____ Amount of check: \$ _____

PART E: 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 am returning an outdated, torn, defaced, or incomplete check(s) for TRS to reissue.

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)
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PART F: 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: _____ Expiration Date of Commission: _____

Official Title: _____