



RELEASE OF CLAIM FORM
UNDER SECTION 1310



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"/>
Permanent Home Address	Apt. No.		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"/>
City	State	Zip Code	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"/>
Email Address	<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.

PART B: Please read the statement below and sign and date in the presence of a notary. If you are an agent/legal representative signing on the member's or beneficiary's behalf, please indicate this.

I, _____ state that I am the _____ of _____
(relation to deceased) (name of deceased)

_____, a member of TRS with membership number _____. I consent to the
collection by _____ of the sum of \$ _____
due from TRS. I further agree not to hold TRS, the Teachers' Retirement Board, or any of its members, individually or collectively,
liable at any time for payment of this sum to the above-mentioned individual.

If signing as an agent, I certify that I have no knowledge or notice that my authority as the member's/beneficiary's 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)



State of _____)
) s.s.:
County of _____)

Signature: _____

Official Title: _____

Expiration Date of Commission: _____