

CONFIRMATION OF MEMBER'S DEATH 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 file this form to confirm that a TRS member has died. In order to expedite disbursement of any payable benefits, you must attach a **CERTIFIED, ORIGINAL** death certificate with this form; photocopies will not be accepted.

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

PART A: Please complete the following information about yourself.

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"/>
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"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <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"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
			Relationship to the deceased
			<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 file a "Beneficiary's Change of Address Form" (code DM14) with TRS.

If you are providing new information above, please indicate the effective date: //

PART B: Please complete the following information about the deceased.

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"/>
Date of Birth (M/D/Y)	Date of Death (M/D/Y)		TRS Membership/Retirement Number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>

PART C: Please read the following and sign below.

I certify that the information above is accurate, and I understand that TRS requires a certified, original death certificate before paying any benefit resulting from the death of the individual named in Part B.

SIGNATURE _____ DATE (M/D/Y) _____