

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

## **INSTRUCTIONS**

### PLEASE READ CAREFULLY

- TRS offers convenient access to personalized account information through our website, automated phone system, and Member Services Center. For security purposes, you must have a registered username and password to access your account information through our website. To obtain account information through our automated phone system and Member Services Center you must use your TRS Membership/Retirement Number or Department of Education File Number.
- You may register for a username and password on our website. For increased security, TRS
  recommends that you keep your username and password confidential to prevent unauthorized
  access to your account information, and that you change your password periodically.
- TRS representatives will never ask for your username or password. In addition, our representatives
  are unable to identify your username or password for you, since they do not have access to this
  information.
- Please file this form only in one of the following cases:
  - 1. To block access to your account information by phone or through TRS' website.
  - 2. To restore access to your account information by phone or through TRS' website.
- TRS would process your request within seven business days of the receipt of your properly completed form.
- For your convenience, TRS forms and publications are available on our website. If you require
  additional assistance, we encourage you to contact our Member Services Center at 1 (888) 8-NYC-TRS.

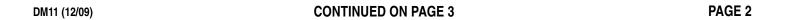
**In Part A:** All information must be provided. This information is required to ensure the security of your personal data, and will only be used to verify your identity.

**In Part B:** Please make only one election regarding access to your account information; please sign and date this form.

In Part C: You must have this form notarized.



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# ACCOUNT INFORMATION ACCESS FORM



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Please read the instructions on page 1 before completing this form.

(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)
	Permanent Home Address Apt. No.	TRS Membership Number/Retirement Number
	City State Zip Code	Primary Phone Number (Check one: Home Work Mobile)
	Date of Birth (M/D/Y):	Alternate Phone Number (Check one: Home Work Mobile)
so <i>do no</i> on a tem	keep your personal information with TRS up to date. We will update of enter a temporary address; instead, TRS suggests that you connected by the personal porary basis. To register any changes to your permanent address r's Change of Address Form" (code DM13) with TRS.	sult the U.S. Postal Service about having your mail forwarded
	e providing new information above, please indicate the effective d	
PARIB	: Please check only one of the boxes below. Please sign and date	this form.
1.	Please block access to my account information. By electing to my account information by phone or through TRS' website. I also information by filing another copy of this form at a later date.	
2.	Please restore access to my account information. By electing my account information by phone or through TRS' website. I also confidential to prevent unauthorized access to my account inform	understand that I should keep my username and password
MEMBE	R'S SIGNATURE	DATE (M/D/Y)

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## **CONTINUED FROM PAGE 3**

PART C: TO BE COMPLETED BY	A NOTARY (NOTE: Attestat	tion made outside the U.S	<ol><li>must be executed before an American co</li></ol>	nsul.
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 fore	egoing instrument and ackr	nowledged to me that (s)l	ne executed the same.	
Signature:			_	
Official Title :			_	
Expiration Date of Commission:				

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