



TOTAL SERVICE LETTER REQUEST FORM
(FOR TIERS I/II MEMBERS ONLY)



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

- Please complete this form if you are a Tier I or II member requesting a Total Service Letter. If you are a Tier III, IV, or VI member, you should file a "Total Service Letter Request Form (For Tiers III, IV, and VI Members Only)" (code SB66).
- A Total Service Letter itemizes your Total Service Credit, which includes your TRS membership service, any transferred service, any prior service, any Outside Teaching Service (Tier I members only), and any Chapter 126 credit; your letter also indicates your vesting date. Total Service Credit is one of the factors used to calculate your retirement allowance.
- If you intend to retire within the next 12 months, please indicate your expected date of retirement in Part B of this form. TRS would prioritize requests from members who are within one year of retirement.
- For your convenience, TRS forms and publications are available on our website.

(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 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"/>
			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"/>

Please keep your personal information with TRS up to date. We will update our records based on the information you provide above.

PART B: To request a Total Service Letter, check the box below and write your initials in the space provided. Please indicate your expected date of retirement if you intend to retire within the next 12 months.

___ ☐ I hereby request that TRS send me a Total Service Letter at my address above.

Expected date of retirement (if applicable): (MM/DD/YYYY) _____

PART C: Please sign and date this form.

MEMBER'S SIGNATURE _____ DATE (MM/DD/YYYY) _____

