

(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 Addr	ess	Apt. No.	TRS Membership Number		
City	State Zip Code		Primary Phone Number (Check one: Home Work Mobile) () Alternate Phone Number (Check one: Home Work Mobile) () <tr< th=""></tr<>		
Please keep your personal information with TRS up to date. We will update our records based on the information you provide above, so <i>do not enter a temporary address</i> ; 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 access our website or file a "Member's Change of Address Form" (code DM13) with TRS.					
If you are providing new information above, please indicate the effective date:					
Under Chapter 126 of the Laws of 2000, Tier III and Tier IV members are no longer required to make 3% Qualified Pension Plan (QPP) contributions once they attain 10 years of membership or credited service. This law entitles affected members who have met the 10-year service requirement to a refund of any overpaid QPP contributions.					
Chapter 126 took effect on October 1, 2000. For members who are covered by a collective bargaining unit, implementation of this law is contingent upon ratification of their collective bargaining agreement. However, it is retroactive to October 1, 2000 or the date the service requirement was met, whichever is later.					
Please file this form only if refund, or deduction stop.	you are a Tier III or Tier IV m	ember wit	h a question about your Chapter 126 eligibility,		
PART B: Please check off the	category(ies) about which you	have speci	fic questions and write your questions on the lines provided.		

Eligibility

SD95 (4/10)

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Refund	
Deduction Stop	
PART C: You must sign and date this form below	V.

MEMBER'S SIGNATURE ______ DATE (M/D/Y) _____