



INSTRUCTIONS

PLEASE READ CAREFULLY

- **This form should be filed only by TRS in-service members and retirees. Beneficiaries who are receiving monthly benefit payments should instead file the “Beneficiary’s Change of Address Form” (code DM14). This form may be obtained by accessing our website.**
- **Upon receipt of this form, TRS will update its records with your new permanent home address and/or phone number(s). TRS will direct all future communications to the home address and/or phone number(s) that you indicate in “Part B” of this form. TRS will send you a written confirmation of all changes.**
- **As an alternative to filing this form, you may update your permanent home address and/or phone number(s) by accessing our website. Any updated information that you provide to TRS through our website will take effect immediately. TRS will send you a written confirmation of all changes.**

In Part A: All information must be provided.

In Part B: You must enter your new home address and/or phone number(s), and the effective date of this change.

In Part C: You must sign and date this form.



Please read the instructions on the reverse side 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. If information is preprinted below, it represents the address and/or phone number that TRS currently has on file for you. If information is not preprinted below, please provide your previous address and primary phone number.

First Name	MI	Last Name	Social Security Number (last 4 digits only)
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Current/Previous Home Address	Apt. No.	TRS Membership/Retirement 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"/>
Country	<input type="text"/>		

PART B: Please enter all new information below.

New 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country	<input type="text"/>		

Effective Date of New Address and/or Phone Numbers(s) (M/D/Y) / /

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.

PART C: Please read the following statement and sign and date below.

I certify that the home address and/or phone number(s) indicated in Part B of this form is/will be my new permanent home address and/or phone number(s). I understand that TRS will direct future communications to this home address and/or phone number(s) as of the date I have indicated in Part B of this form. I understand that the updated information that I have provided on this form will remain in TRS' records until superseded by my filing of subsequent changes with TRS. I affirm that, to the best of my knowledge, all information I have provided above is true and correct.

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