



**INSTRUCTIONS**  
*PLEASE READ CAREFULLY*

- The "Beneficiary's Change of Address Form" is for beneficiaries who are receiving monthly benefit payments from TRS, or who have established a Tax-Deferred Annuity (TDA) Program account with TRS under Chapter 677 of the Laws of 2003. (In-service TRS members and retirees should instead submit a change of address online by accessing our website or by filing a paper "Member's Change of Address Form" (code DM13) with TRS; you may obtain this form by accessing the secure section of our website.)
- Upon receipt of this form, TRS will update its records with your new permanent home address and/or other contact information. TRS will direct all future communications to the home address and/or other contact information that you indicate in Part B of this form. TRS will send you a written confirmation of all changes.
- Please note that you may also provide TRS with notification of a change to your permanent home address and/or other contact information on any TRS form that must be notarized.

**In Part A:** All information, including your current (or previous) address, must be provided.

**In Part B:** You must enter your new **current** home address and/or other contact information. *Please do not indicate a temporary or secondary home address.* Instead, TRS suggests that you consult the U.S. Postal Service about having your mail forwarded on a temporary basis.

**In Part C:** You must provide all information about the deceased TRS member.

**In Part D:** If you are receiving benefit payments from TRS, you must indicate whether they are sent to a bank via Electronic Fund Transfer (EFT) or Direct Deposit. If you want to initiate EFT of your benefit payments, you may apply to do so by filing an "EFT Authorization Form" (code BK58). This form is available by accessing our website.

**In Part E:** You must sign and date this form.

**In Part F:** You must have this form notarized.



Please read the instructions 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.

Beneficiary's First Name	MI	Last Name	Gender	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<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"/>
Previous Permanent Home Address			Apt. No.	TRS Beneficiary/TDAB Membership Number
<input type="text"/>			<input type="text"/>	<input type="text"/>
City	State	Zip Code	Daytime Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work)	
<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"/>	
Email Address				
<input type="text"/>				

**PART B:** Please enter your new **current** home address and/or other contact information below.

New Permanent Home Address	Apt. No.	Daytime Phone Number (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work)
<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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

**PART C:** Please complete the following information about the deceased TRS member.

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"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TRS Membership/Retirement Number			
<input type="text"/>			

**PART D:** If you are receiving benefit payments from TRS, please provide the following information.

Are your benefit payments currently sent to a bank via EFT or Direct Deposit? ☐ Yes ☐ No

**PART E:** Please sign and date below.

*I certify that the home address and/or other contact information indicated in Part B of this form is/will be my new permanent home address and/or other contact information. I understand that TRS will direct future communications to this home address and/or other contact information. I understand that the updated information I have provided on this form will remain on TRS' records until superseded by my filing of a subsequent change of address and/or other contact information with TRS.*

BENEFICIARY'S SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_

State of \_\_\_\_\_ )  
Country of \_\_\_\_\_ ) S.S.:

Signature: \_\_\_\_\_

Official Title: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_