



This affidavit should be submitted by any individual with a power of attorney with TRS that was signed over one year ago. Therefore, please complete the affidavit, have it notarized, and return it to TRS within 30 days of the date of the accompanying letter.

(NOTE: Please print in black or blue ink, and initial any changes that you make on this affidavit.)

PART A: All information for the member/beneficiary must be provided 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"/>
Permanent Home Address		Apt. No.	TRS Membership/Retirement/Beneficiary 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 the member's or beneficiary's personal information with TRS up to date. We will update our records based on the information you provide above, so *do not enter a temporary address or phone number.*

If you are providing new information above, please indicate the effective date: / /

PART B: All information for the attorney-in-fact must be provided below. If there is more than one attorney-in-fact, please provide the additional information on a separate sheet of paper and attach it to this affidavit.

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"/>
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"/>

If you are providing new information above, please indicate the effective date: / /



PART C: The attorney(s)-in-fact must complete the following, and sign and date the statement below.

I, the undersigned, depose and say that the Principal above did, in writing, appoint me as the Principal's true and lawful ATTORNEY(S)-IN-FACT in the power of attorney dated _____.

I have no actual knowledge or actual notice of revocation or termination of the power of attorney by death or otherwise, or knowledge of any facts indicating the same. I further represent that the Principal is alive, has not revoked or repudiated the power of attorney, and the power of attorney still is in full force and effect.

I make this affidavit for the purpose of inducing TRS to accept delivery of this affidavit, as executed by me in my capacity as the ATTORNEY(S)-IN-FACT, with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the power of attorney and in paying good and valuable consideration therefor.

SIGNATURE OF ATTORNEY-IN-FACT _____ DATE (M/D/Y) _____

SIGNATURE OF ATTORNEY-IN-FACT _____ DATE (M/D/Y) _____

SIGNATURE OF ATTORNEY-IN-FACT _____ DATE (M/D/Y) _____

PART D: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

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 foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: _____

Official Title: _____ Expiration Date of Commission: _____

