



(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 <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	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"/>
			Beneficiary Social Security Number (if applicable) <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 <input type="text"/>	Apt. No. <input type="text"/>	TRS Membership/Retirement Number <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	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"/>
			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"/>

Please keep your 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*; 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), or if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

If you are providing new information above, please indicate the effective date (M/D/Y): //

- This form should be filed with TRS at the address above if you have questions about the distribution(s) reported on a 1099-R or 1099-INT form(s) that you received from TRS, or if you would like to request a duplicate copy of your 1099 form(s). TRS anticipates that your inquiry/request will be addressed within 15 business days of our receipt of this completed form.
- Members with active TRS accounts who received a lump-sum distribution from TRS in the past three years may view the associated 1099 form(s) online by accessing our website; these members may also request a duplicate 1099 form online. Please note that, if a member's 1099 form(s) was corrected in a given year, neither the corrected forms nor the original forms would be available for viewing online.

PART B: Please check the appropriate boxes below and specify the year of distribution in the space indicated.

<input type="checkbox"/> I request a duplicate copy of my	<input type="checkbox"/> 1099-R form(s) for tax year _____.
	<input type="checkbox"/> 1099-INT form(s)
<input type="checkbox"/> I have an inquiry about the 1099 form that I received in conjunction with the following distribution(s):	
<input type="checkbox"/> QPP retirement allowance	<input type="checkbox"/> Taxable excess withdrawal / Defaulted or taxable loan / Refund of erroneous contributions
<input type="checkbox"/> TDA annuity	<input type="checkbox"/> Withdrawal of funds upon resignation or termination
<input type="checkbox"/> Interest	<input type="checkbox"/> Death benefit (If you check this box, please provide your Social Security number above.)
<input type="checkbox"/> TDA withdrawal / Required Minimum Distribution (RMD) of TDA funds	



PART C: If applicable, please describe your inquiry below.

PART D: Please sign and date this form.

MEMBER’S/BENEFICIARY’S SIGNATURE _____ DATE (M/D/Y) _____

