

# RETIREMENT ALLOWANCE VERIFICATION FORM (FOR MEMBERS RESIDING IN THE U.S.)



TEACHERS' RETIREMENT SYSTEM  
OF THE CITY OF NEW YORK (TRS)  
55 Water Street, New York, NY 10041  
www.trsnyc.org • 1 (888) 8-NYC-TRS

Please read the instructions on page 1 before completing this form.

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

## PART B: COMPLETE THIS PART IF THE MEMBER OR BENEFICIARY IS LIVING.

First Name <u>John</u>	MI <input type="checkbox"/>	Last Name <u>Do Not Mail</u>	Social Security Number (last 4 digits only) <u>XXXX-XXXX-XXXX</u>
Permanent Home Address <u></u>		Apt. No. <u></u>	TRS Membership/Retirement Number <u>00T634357</u>
City <u></u>	State <u></u>	Zip Code <u></u>	Primary Phone No. (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <u></u>
Email Address <u></u>		Alternate Phone No. (Check one: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile) <u></u>	

- ☐ Check here if you entered new contact information above. TRS will then update our records based on what you entered. Please keep your contact information up to date. Members can visit our website to update their contact information anytime, or file a "Member's Change of Address Form" (code DM13) with TRS. If you are a beneficiary, you must file a "Beneficiary's Change of Address Form" (code DM14).

## PART C: COMPLETE THIS PART IF THE MEMBER OR BENEFICIARY IS LIVING.

I certify, under penalty of perjury, that I am alive and remain (or, if signing as an agent, I certify that the individual is alive and remains) eligible to receive retirement benefits paid by the Teachers' Retirement System of the City of New York (TRS). I understand that any false claim or statement made on this attestation constitutes criminal conduct.

- |   |   |
|---|---|
| <input type="checkbox"/> Check if you are providing government-issued identification, or a recent Medicare or prescription statement; AND | } Both are required if you are not completing Part D. |
| <input type="checkbox"/> Check if you are enclosing a photograph of you with a recent newspaper.  |   |

If signing as an agent, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise.

- ☐ Check here if you are signing as an agent.

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
YOUR PRINTED NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

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00T634357

**PART D: YOU MUST HAVE THIS PART COMPLETED BY A PHYSICIAN OR NOTARY PUBLIC IF YOU ARE NOT PROVIDING SUPPORTING DOCUMENTATION AS INDICATED IN PART C.**

**To be completed by a Physician:**

I, Alison Johnson, certify under penalty of perjury, that I am the individual's attending physician and that, as of the date indicated below, Leonard Norville is alive.  
(Name of member or beneficiary)

PHYSICIAN'S SIGNATURE: [Signature]

DATE: 11/28/2023

Physician's License No.: 2007-0699 NC

State Issuing License: NC

OR

**To be completed by a Notary:**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) s.s.:

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: \_\_\_\_\_

Expiration Date of Commission: \_\_\_\_\_  
(MM/DD/YYYY)

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