



**RELEASE OF CLAIM FORM  
UNDER SECTION 1310**



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

**(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	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"/>
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"/>	
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"/>

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 "Beneficiary's Change of Address Form" (code DM14) with TRS.

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

**PART B:** Please print all information below, and sign and date this form.

I, \_\_\_\_\_ state that I am the \_\_\_\_\_ of \_\_\_\_\_  
(relation to deceased) (name of deceased)  
 \_\_\_\_\_, a member of TRS with membership number \_\_\_\_\_. I consent to the  
 collection by \_\_\_\_\_ of the sum of \$ \_\_\_\_\_  
 due from TRS. I further agree not to hold TRS, the Teachers' Retirement Board, or any of its members, individually or collectively, liable  
 at any time for payment of this sum to the above-mentioned individual.

SIGNATURE \_\_\_\_\_ DATE (M/D/Y) \_\_\_\_\_



