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 Springfield, IL 62794-9253
 R. Stanley Rupnik, Executive Director
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 (877) 9-ASK-TRS (877-927-5877)
 FAX: (217) 753-0964

Change of Address Form

For expedited address changes, log in to your MyTRSIL member account on trsil.org and make the change online.

Member Information

First name:	M. Initial:	Last name:	SSN (Last 4 Digits) or TRS Mbr ID:	Date of birth: / /	Gender:
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Primary phone: () -	Secondary/Work phone: () - Ext.	Email:
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Update to: Mailing/Residential (if mailing and residential are the same) Mailing Only Residential Only

Previous Address	New Address
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Previous street address or PO Box:	Apt./Unit #:	New street address or PO Box:	Apt./Unit #:
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City:	State:	Zip code:	City:	State:	Zip code:
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Previous residential address (if different from previous address):	New residential address (if different from new address):
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Authorization - Required signature must be witnessed by a notary public.

I certify that the information I furnished herein is true, accurate and complete. I understand that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud TRS is guilty of a Class 3 felony, and the TRS Board of Trustees is required to report any suspicion that a false record has been filed with the State's Attorney for investigation.

Signature: _____ Date: _____

Section below should be completed only by a notary.

State of: _____ County of: _____

This instrument was personally acknowledged before me on _____ by _____
Date Name

My commission expires: _____

Signature _____ Seal _____

Submit Completed Form to TRS

Upload the completed form by logging into your MyTRSIL member account at trsil.org. After login, select Member Services, then select Document Upload. Select Other and complete your upload. If you do not have an account, it is easy to create one. Visit trsil.org. Select Member Login from the top right of the home page. Follow the prompts to register your MyTRSIL account. You may enter the secure area immediately after registering your account.

If you cannot create an account, you can fax the request to (217) 753-0964 or mail to P.O. Box 19253 Springfield, IL 62794-9253. If you have any questions completing the form, please contact Member Services at (877) 927-5877.