

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS



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Guardian/Power of Attorney Demographic Information

This form must be used to add or change demographic information for either guardian or power of attorney for TRS members. When adding guardian or power of attorney, please attach either proof of Guardian of Estate or Power of Attorney for Property/Financial document to this form.

Please print or type.

TRS Member Demographic Information

Last name	First name	Middle initial	Maiden name
Last 4 digits of Social Security number or TRS Member ID	Date of birth (MM-DD-YYYY)	Gender	
Street address		Apartment or post office box	
City	State	ZIP code (9-digits)	
Home telephone number ()		Mobile telephone number ()	

Power of Attorney Demographic Information

Last name	First name	Middle initial
Street address		Apartment or post office box
City	State	ZIP code (9-digits)
Home telephone number ()		Mobile telephone number ()
Email address		

Check one box:

<input type="checkbox"/> Mail all correspondence to the member's residential address.	<input type="checkbox"/> Mail all correspondence to the guardian/POA.
Certification: I am aware 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 the Teachers' Retirement System is guilty of a Class 3 felony. I am aware that, if the TRS Board has reasonable suspicion that a false record has been filed with TRS, it is required to report the matter to the state's attorney for investigation.	
Signature of TRS member or guardian/POA	Date