TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS 2815 W Washington, PO Box 19253 Springfield IL 62794-9253 (800)877-7896, FAX: (217)753-0964 TDD: (866)326-0087

Change of Address

Please use this form to change only address, telephone, and email information. *Please print or type*.

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Last name		First name		Middle initial	Maiden name	
Social Security number			Date of birth (N	IM-DD-YYYY)	Gender	
Current address			Former address			
Street address			Street address	Street address		
Apartment or post office box			Apartment or post office box			
City	State	ZIP code (9-digits)	City	State	ZIP code (9-digits)	
Home telephone number			Former telephone number			
Work telephone number						
*						
Cell phone number						
cen phone number						

Email (optional)

Email allows us to efficiently and conveniently serve you. TRS sends email to immediately respond to your questions if we cannot reach you by phone, notify you about an important change, or to keep you updated about the status of a claim. We will never send confidential information online or share your email address with a third party.

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Current email address

My email address has changed. (*Please list your former email address.*) Former email address

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

Date