



INSTRUCTIONS

PLEASE READ CAREFULLY

- Please complete this form only if you are requesting a Total Service Letter, which would itemize your Total Service Credit. You should file this form only if you are a Tiers III/IV member. If you are a Tiers I/II member, you should file a "Total Service Letter Request Form (For Tiers I/II Members Only)" (code SD154).
- If applicable, your Total Service Letter would also provide a summary of your breaks in service and indicate your vesting date. In addition to TRS membership service, Total Service Credit may include other types of service, such as transferred service and prior service. Total Service Credit is one of the factors used to calculate your retirement allowance.
- If you intend to retire within the next 12 months, please indicate your expected date of retirement in Part B of this form. TRS would prioritize requests from members who are within one year of retirement.
- For more information about creditable service for your tier, please refer to the *Service Purchase for Tiers III/IV Members* brochure.
- For your convenience, TRS forms and publications are available on our website. If you require additional assistance, we encourage you to contact our Member Services Center at 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Permanent Home Address	Apt. No.	TRS Membership Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip Code	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"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			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 "Member's Change of Address Form" (code DM13) with TRS.

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



PART B: To request a Total Service Letter, please check the box below and write your initials in the space provided. Please indicate if you intend to retire within the next 12 months.

___ *I hereby request that TRS send me a Total Service Letter at my address above.*

Expected date of retirement (if applicable): (M/D/Y) _____

PART C: Please sign and date this form.

MEMBER'S SIGNATURE _____ DATE (M/D/Y) _____

