



AFFIDAVIT FOR MISSING CHECK
(AND AUTHORIZATION TO STOP PAYMENT)



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 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/Retirement/Beneficiary 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) or, if applicable, a "Beneficiary's Change of Address Form" (code DM14) with TRS.

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

NOTE: You are required to wait 10 business days from the date that TRS mailed the missing check before filing this form. Processing your completed form should take 15 business days from the date on which TRS receives it.

PART B: Please check the appropriate box below.

- ☐ *I am an in-service member of TRS.*
- ☐ *I am a retired member of TRS.*
- ☐ *I have resigned or been terminated from my TRS-eligible position.*
- ☐ *I am the beneficiary of a deceased TRS member.*

PART C: Only if you are filing this form as a beneficiary, please complete the following information about the deceased TRS member. If you are a TRS member, complete Part A instead.

Member's First Name	MI	Last Name	Social Security Number
<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"/>
TRS Membership/Retirement Number			
<input type="text"/>			





PART D: Please check the appropriate box below and provide the requested information about the missing check.

☐ I am filing this form to report a missing check. TRS had advised me that this check was sent to me in a regular manner at least _____ days ago.

Type of check: _____ Check number: _____
Date of check: _____ Amount of check: \$ _____

☐ I am filing this form to claim a check, dated _____, that I never cashed or deposited. I learned of this unclaimed check from TRS' website.

Type of check: _____
Date of check: _____

PART E: Please complete the following and sign below. If you are unable to sign this form, please contact TRS' Member Services Center at 1 (888) 8-NYC-TRS.

I, _____, being duly sworn, depose and say that I was entitled to receive a _____ check from TRS; however, I have not yet received this check.

I certify that the check is not now in my possession, that I never deposited or cashed it, and that I do not know its whereabouts. I make this affidavit authorizing TRS to stop payment of the check and requesting that TRS issue a duplicate check.

Should the original check ever come into my possession, I promise to return it immediately to TRS. In requesting that TRS issue a new check to me, I agree to indemnify and reimburse TRS within 15 days against all losses that it may sustain at any time due to the deposit or cashing of the original check before its return to TRS.

SIGNATURE _____ DATE (M/D/Y) _____

PART F: TO BE COMPLETED BY A NOTARY (NOTE: Attestation made outside the U.S. must be executed before an American consul.)

State of _____)
_____) s.s.:
County of _____)

On the _____ day of _____, _____, before me personally appeared the person known to me to be _____, the individual who executed the foregoing instrument and acknowledged to me that (s)he executed the same.

Signature: _____ Expiration Date of Commission: _____
Official Title: _____

