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: Please provide the information below.

First Name | MI | Last Name

Social Security Number (last 4 digits only) X X X – X X – ☐ ☐ ☐ ☐

Permanent Home Address | Apt. No.

TRS Membership/Retirement/Beneficiary Number

City | State | Zip Code

Primary Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐ ☐ ☐) ☐ ☐ ☐ – ☐ ☐ ☐ ☐

Email Address

Alternate Phone Number (Check one: ☐ Home ☐ Work ☐ Mobile) (☐ ☐ ☐) ☐ ☐ ☐ – ☐ ☐ ☐ ☐

☐ Check here if you entered new contact information above. TRS will then update our records based on what you entered.

Please keep your contact information up to date. You can visit our website to update your contact information anytime, 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.

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 ☐ ☐ ☐ – ☐ ☐ – ☐ ☐ ☐ ☐

TRS Membership/Retirement Number

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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 that I never cashed or deposited. I learned of this unclaimed check from TRS' website.*

Type of check: _____

Date of check: _____

PART E: Please read below and enter the requested information. If you are an agent/legal representative signing on the member's or beneficiary's behalf, please indicate this.

I, _____, being duly sworn, depose and say that I was entitled to receive the above specified check(s) from TRS. I certify that I never deposited or cashed the check(s), and I make this affidavit authorizing TRS to stop payment of the check(s) and requesting that TRS issue a duplicate check(s). 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(s).

If signing as an agent of the member or beneficiary named in Part A, I certify that I have no knowledge or notice that my authority as the agent has ended by revocation, termination, death, divorce, or otherwise. ☐ **CHECK HERE IF YOU ARE SIGNING AS AN AGENT.**

_____	_____	_____
YOUR SIGNATURE	YOUR PRINTED NAME	DATE (MM/DD/YYYY)

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: _____