

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
members@trs.illinois.gov
http://trs.illinois.gov

Notice of Name Change

Member's New Name				
Last Name		First Name		Middle Initial
Member's Previous Name				
Last Name		First Name		Middle Initial
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last 4 of SSN or TRS Member ID#	Home Telephone Number	
Street Address			Work Telephone Number	Ext
City			Cell Phone Number	
State		Zip	Email Address	
Reason for Name Change				
<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Misspelled Name <input type="checkbox"/> Name Change				
<input type="checkbox"/> Other: _____				
Photocopies of the following form of identification must be submitted with this document (include one)				
<input type="checkbox"/> Copy of Marriage Certificate <input type="checkbox"/> Copy of Certified Court Order <input type="checkbox"/> Copy of Valid State ID				
<input type="checkbox"/> Copy of Valid Driver's License <input type="checkbox"/> Copy of Valid US Passport				
Certification: By signing, I certify that this information is correct. 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

