



2815 W Washington, P.O. Box 19253  
 Springfield, IL 62794-9253  
 R. Stanley Rupnik, Executive Director  
 members@trsil.org | http://www.trsil.org  
 (877) 9-ASK-TRS (877-927-5877)  
 FAX: (217) 753-0964

## Change of Address Form

For expedited address changes, log in to your secure TRS member account on [trsil.org](http://trsil.org) and make the change online.

### Member Information

First name:	M. Initial:	Last name:	SSN (Last 4 Digits) or TRS Mbr Id:	Date of birth: / /	Gender:
-------------	-------------	------------	------------------------------------	-----------------------	---------

Primary phone: ( ) -	Secondary/Work phone: ( ) - Ext.	E-Mail:
-------------------------	-------------------------------------	---------

Update to:  Mailing/Residential (if mailing and residential are the same)  Mailing Only  Residential Only

Previous Address	New Address
------------------	-------------

Previous street address or PO Box:	Apt./Unit #:	New street address or PO Box:	Apt./Unit #:
------------------------------------	--------------	-------------------------------	--------------

City:	State:	Zip code:	City:	State:	Zip code:
-------	--------	-----------	-------	--------	-----------

Previous residential address (if different from previous address):	New residential address (if different from new address):
--	--

### Authorization - Required signature must be witnessed by a notary public.

I certify that the information I furnished herein is true, accurate and complete. I understand 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 TRS is guilty of a Class 3 felony, and the TRS Board of Trustees is required to report any suspicion that a false record has been filed with the State's Attorney for investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section below should be completed only by a notary.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

This instrument was personally acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Name

My commission expires: \_\_\_\_\_

Signature

Seal

### Submit Completed Form to TRS

Upload the completed form by logging into your TRS member account at [trsil.org](http://trsil.org). After login, select Member Services, then select Document Upload. Select "Other" and complete your upload. If you do not have an account, it is easy to create one. Visit [trsil.org](http://trsil.org). Select Member Login from the top right of the home page and select New User. Your username and password will be established with the proper information. You may enter the secure area immediately.

If you cannot create an account, you can fax the request to (217) 753-0964 or mail to P.O. Box 19253 Springfield, IL 62794-9253. If you have any questions completing the form, please contact Member Services at (877) 927-5877.