



TEACHER RETIREMENT SYSTEM OF TEXAS
PO Box 149676
Austin, TX 78714-0185
(800) 223-8778
www.trs.texas.gov

Verification of Social Security Number(s) for Qualification of a Domestic Relations Order

TRS 629 (09-20)



This form may be completed by the TRS member and/or former spouse to verify either or both parties' Social Security number(s). Please complete #1 and/or #2 below.

TRS Member (TRS Participant) Name _____

Social Security Number or TRS Participant ID _____
(or Federal Tax Identification Number if no social security number)

Before me, the undersigned authority appeared _____, being by me
duly sworn, deposed as follows:

"1. My full name is _____ and my social security number is
_____-_____-_____ (or Individual Tax Identification Number if no social security number);

2. My spouse's or former spouse's name is _____ and his/her
social security number is _____-_____-_____ (or Individual Tax Identification Number if no social security
number);

3. I am over the age of 18 and am a resident of the State of _____. I have personal knowledge
of the matters stated in this affidavit;

4. Under penalty of perjury, I swear that the information provided herein is true and I understand that the information
provided by me herein will be used by TRS to pay benefits owed to me, if and when they become payable."

Signed this _____ day of _____, 20 _____.

Signature of Affiant

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally
appeared _____, known or proved to me to be the person who signed the
above affidavit and declared to me upon oath that the foregoing affidavit is true and correct.

Sworn to and subscribed before me on this _____ day of _____, 20 _____.

(SEAL)

Notary Public