



TEACHER RETIREMENT SYSTEM OF TEXAS  
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 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