



Tennessee Consolidated Retirement System

502 Deaderick Street
Nashville, Tennessee 37243-0201
(800) 922-7772
treasury.tn.gov/tcrs



VERIFICATION OF SOCIAL SECURITY NUMBER
FOR A QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)

Member's Name: _____

Member's Social Security or Federal Tax Identification Number: _____

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

My full name is _____. My Social Security or Federal Tax
Identification number is _____. I am over the age of 18 and I am a resident of
the state of _____. I have personal knowledge of the matters stated in this affidavit.

[] I am a member of the Tennessee
Consolidated Retirement System. OR

[] I am the spouse or former spouse of a
member of the Tennessee Consolidated
Retirement System.

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 the Tennessee Consolidated Retirement
System to pay benefits owed to me, if and when they become payable.

Signature of Affiant

Date

STATE OF _____

COUNTY OF _____

Before me, 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, on this _____ day of _____, 20____.

(Notary's Seal)

Notary Public