GRE-50 (12/19)

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
(800) 348-7298; Fax (518) 447-4749

OFFICE SERVICES ONLY

MEMBER NAME/ADDRESS CHANGE

INSTRUCTIONS: To change your name or address, please complete this form and return it to the System. Address changes should be submitted at least three weeks prior to the change taking effect. Please type or print all entries in **ink.** ***This form must be signed to be valid.***

EmplID _____ **OR** **Social Security Number** ___ - __ - ____

First Name _____ **MI** ___ **Last Name** _____

PO Box, Apt. #, Lot #, Suite #, etc. _____

Street Address _____

City _____ **State** ___ **Zip Code** _____ - ____

Phone Number (___) ___ - ____

Effective Date of Change __ / __ / ____
Month Day Year

If you have changed your name, please indicate former name below.

First Name _____ **MI** ___ **Last Name** _____

In order for us to change your name on our files, we require the following be included with this form:

1. A photocopy of your marriage certificate, court order or divorce decree stating legal change of name.

AND

2. A photocopy of your valid driver's license, passport, military I.D., or Social Security card issued using your new name.

SIGNATURE

_____

Date __ / __ / ____
Month Day Year

IMPORTANT!

If you recently remarried or divorced, review your NYSTRS beneficiary designation, as you may need to update it. Print a *Designation of Beneficiary For In-Service or Post-Retirement Paragraph 2 Death Benefit* (NET-11.4) form from our website at NYSTRS.org or request a copy be mailed to you by calling our Hotline at (800) 782-0289.