GRE-50 (3/10)



## NEW YORK STATE TEACHERS' RETIREMENT SYSTEM 10 Corporate Woods Drive, Albany, NY 12211-2395

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 <u>signed</u> to be valid.

Emp	EmplID #					Social						al Security Number							
First Name MI Last Name																			
PO Box, Apt. #	PO Box, Apt. #, Lot #, Suite #, etc.																		
Street Address																			
City	State Zip Code																		
														-					
Phone Number Effective Date of Change																			
(	)	-							Month	]/	Da	/		Year					
If you have changed your name, please indicate former name below.																			
First Name				MI	Las	t Na	me												
In order for us to change your name on our files, we require the following be included with this form:																			
The original Marriage Certificate, Certified Copy of Court Order or Divorce Decree stating legal change of name, which will be reviewed and returned.																			
<u>OR</u>			o. o o o																
2. A copy of Security co					а сору	of y	our Dri	ver's	Licer	nse, F	assp	ort, N	Nilitary	I.D. or	Soci	al			
SIGNATURE										Effe	ctive	Date	of Ch	ange					
										Mo	onth	/	Day	/	Yec	ar			
IAADODTAN	TI											_	•						

## <u>IMPORTANT!</u>

If you recently remarried or divorced, review your NYSTRS beneficiary designation, as you may need to update it. Print a *Designation of Beneficiary* (NET-11.4) form from our Web site at www.nystrs.org, or request a copy be mailed to you by calling our Hotline at (800) 782-0289.