

OFFICE SERVICES ONLY



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

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.***

EmpID

[Grid for EmpID]

Social Security Number

[Grid for Social Security Number]

OR

First Name

[Grid for First Name]

MI

[Grid for MI]

Last Name

[Grid for Last Name]

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

[Grid for PO Box, Apt. #, Lot #, Suite #, etc.]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

Zip Code

[Grid for Zip Code]

Phone Number

[Grid for Phone Number]

Effective Date of Change

[Grid for Effective Date of Change]

Month

Day

Year

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

First Name

[Grid for First Name]

MI

[Grid for MI]

Last Name

[Grid for 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**

[Signature line]

Date

[Grid for 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.