

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

APPLICATION FOR MEMBERSHIP

Please Provide All Requested Information

OFFICE SERVICES ONLY

PART 1 — TO BE COMPLETED BY APPLICAN														
Social Security Number														
First Name	MI Last Name													
Street Address														
Street Address														
City	State Zip Code	, <u>, , , , , , , , , , , , , , , , , , </u>												
		-												
Phone Number	Gender													
	Month Day	Year												
Marital Status (optional) Former Name														
Married Single		<u>, , , , , </u>												
Title (Required):	NYSUT Affiliated Position:	Yes No												
PART 2 — TO BE COMPLETED BY EMPLOYER	(Refer to Section 1 of the NYSTRS Employer Manual at w	ww.nystrs.org)												
Mandatory Membership	LOCATION CODE													
1														
First date of full-time service														
	nth Day Year DISTRICT NAME													
OR Optional Membership]													
2 The earlier of:	PROJECTED EARNING	S 7/1-6/30												
First day of service, during or after														
the month in which both service was rendered and the Mo	nth Day Year PROJECTED EARNING	\$ 7/1-6/30												
application was notarized.	NEXT YEAR													
(Service can be rendered after the month of notarization.)														
First date of service for which deductions began (not payroll														
date).	nth Day Year													

PART 3 — TO BE COMPLETED BY APPLICANT

* SIX IMPORTANT QUESTIONS *

As a member, you are responsible for ensuring your records are complete and accurate. Failure to provide any of the following necessary information could result in the loss of or reduction in a future benefit.

For an explanation of questions 1-5, see page 5.

1.	1. Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system?																NC)																
	Na	am	ie c	of Re	etir	em	er	nt Sy	ster	n:									i							 			 	 			 	_
2.	2. Are you receiving a pension (monthly benefit) from another NYS or NYC YES NO public retirement system? Name of Retirement System:																																	
	Na	am		of Re	etir	em	er	nt Sy:	ster	n:																			Ι					
	Re	etire		ent	Nu	ımb	bei	r:																										
3.	 3. If you have former membership service that qualifies you to be reinstated, do you elect reinstatement? <i>This election is irrevocable.</i> If yes, in what system was your former service credited: Name of Retirement System: 																																	
	Sy	ste	em I	Ver	nk	ersl	hip	o or	Reg	jist	tratio	on :	#:																					
4.	 4. Do you wish to claim previous NYS or NYC public employment or public teaching service not included in question 3? 																																	
5.	На	ave	е ус	ou e	ve	er se	erv	ed i	ר th	e	arm	ed	for	ces	5 0	f the	Uni	te	ed St	ate	es?						Υŀ	ES			NC)		
6.		-				-			-	-						Univ ram		ty	or C	Con	۱m	uni	ty]	Y	ES	[NC)		
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PART 4 — DESIGNATION OF BENEFICIAL	RY (NET-11.4)													
Please review all information on page 4 before co	ompleting this area.													
Name and Address of Beneficiary(ies) Any changes made on this application must be initialed.														
Check One: Primary Contingent														
First Name <u>MI Last Name</u>														
Street Address														
Street Address														
City State Zip Code														
Date of Birth Male Beneficiary Social Security Number	Relationship													
	Spouse													
Month Day Year	Child													
	Other													
Name and Address of Beneficiary(ies)														
Name and Address of Beneficiary(ies)														
Name and Address of Beneficiary(ies) Check One: Primary Contingent														
Check One: Primary Contingent														
Check One: Primary Contingent														
Check One: Primary Contingent First Name MI Last Name														
Check One: Primary Contingent First Name MI Last Name														
Check One: Primary Contingent First Name MI Last Name Street Address Street Address														
Check One: Primary Contingent First Name MI Last Name Street Address Street Address														
Check One: Primary First Name First Name MI Last Name Street Address Street Address Street Address														
Check One: Primary Contingent First Name MI Last Name Last Name Indicated to the set of the	Relationship													
Check One: Primary First Name MI Last Name Street Address Street Address City City Date of Birth Male Beneficiary Social Security Number														
Check One: Primary Contingent First Name MI Last Name Street Address Image: Contingent Street Address Image: Contingent City State Zip Code Date of Birth Male Beneficiary Social Security Number	Relationship													

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Name and Address								-			-													
Check One:	Pri	mary	\Box	Cont	tingen	nt																		
First Name							Last	Nar	ne				·				·	1				· · · ·	,	
Street Address	 	 						·																
Street Address	· ·					· ·	 														`			_
City		· · ·											State	e	Zip	Coc	de		t	'				
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Date of Birth		<u> </u>			Ma	le T	E	Bene	eficio	ary S	Socio	al Se	ecur I	ity N 1	lum	oer					Rela	ation		
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Month Day		Year																					Chil	d
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of the Retirement and Social Security Law. I direct the New York State Teachers' Retirement System, in the event of my death prior to retirement, to pay the death benefit and my contributions in one payment to the beneficiary(ies) listed above. If more than one beneficiary is listed, the share of any beneficiary who predeceases me will be equally shared by the surviving beneficiary(ies). I further direct that if I survive all desig- nated primary beneficiaries, the benefit shall be paid in equal shares to the surviving contingent beneficiary(ies). If I should survive all designated beneficiaries, the amount of any death benefit shall be paid to my estate.														ny g-										
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I certify that the information I provide on this application is correct. I understand that I must contribute between 3% to 6%, based on my earnings, if my death occurs prior to retirement or the termination of my membership, those contributions, with interest, will be paid to my designated beneficiary(ies) or my estate.																								
By filing this application, I claim any prior service for which I am eligible. I also understand that my address may be updated based on the submission of payroll data by my employer.													Ð											
			pplica															<i>l.</i>						
Signature of Applicant 🛏		Ma	rried wo	omen	must u	use th	eir giv	/en r	ame	e (Ma	ary Sr	nith	not	Mrs.	Johr	n Smit	h)							
State of	1																							
County of On this									in	tha	Voo)r				h	ofor	o ~~	o +	ho ·	ind	ordo	inco	1
a Notary Public ir																								
personally known subscribed to the and that by his/h acted, executed	n to me c e within ir er signa	or prov nstrum ture or	ved to ent, a n the ii	me nd a	on th acknc	e ba wlee	asis o dgeo	of sa d to	tisfa me	ctc tha	ory e at he	vid e/sh	enc ne e	ce to exec	o be cute	e the d th	e inc e sa	divid ame	lual in h	wh nis/h	ose Ier c	nar apa	ne is acity	5
Signature of Nota													E	xpi	ratio	on D	ate:							

As you complete this application, you are joining one of the largest public retirement systems in the United States. The System makes every effort to provide its members with the best possible service. Once we receive your membership application, we will send you an acknowledgement letter and a permanent membership card. To learn more about your membership, we urge you to read *Your First Look at NYSTRS* and the *Active Members' Handbook*, which are available in the Library at www.nystrs.org. We welcome you to the ranks of the more than 280,000 active members of the Retirement System and encourage you to become an informed member.

The New York State Teachers' Retirement System is required by the Education Law, Retirement and Social Security Law, and other laws to collect and maintain records containing personal information on its members. We collect only that information which is necessary to accurately and effectively provide you with the benefits to which you are entitled. This information is disclosed only where authorized by state or federal law. Failure to provide all necessary information could result in the reduction in or loss of a benefit. If you have questions, you may contact the Freedom of Information Officer at 10 Corporate Woods Drive, Albany, NY 12211-2395 or at foil@nystrs.state.ny.us.

If you need assistance in completing Part 4 (Designation of Beneficiary) of this application, please call (800) 348-7298, Ext. 6130.

DESIGNATION OF BENEFICIARY

- If you wish to name more than three beneficiaries, please ask your school business office for an additional Designation of Beneficiary (NET-11.4) form to complete and submit with this application.
- If you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us for instructions to properly complete the designation at (800) 348-7298, Ext. 6130.
- For each beneficiary, be sure you have checked either primary or contingent.
- At least one beneficiary must be designated as primary.
- Contingent beneficiaries should be listed after the primary.
- Do not number beneficiaries.
- List <u>all</u> requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).
- An unborn child may not be named as a beneficiary.
- If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.
- Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.
- If your beneficiary designation is deemed invalid, we will update your beneficiary as your estate until a valid designation is filed.

DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. Upon reaching age 61, the benefit is reduced at the rate of 4% per year, but will not be reduced to less than 60% of the original benefit.

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during the second year of retirement, and 10% of the benefit in effect at age 60 (or at retirement, if earlier than age 60) for the third and future years.

QUESTION 1

If you have an active membership in one of the NYS public retirement systems shown below, you may be eligible to transfer that membership to this System. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new Teachers' Retirement System membership.

New York State public retirement systems from which a transfer of membership is possible:

New York State and Local Employees' Retirement System (866-805-0990) New York City Teachers' Retirement System (888-869-2877) New York City Board of Education Retirement System (800-843-5575) New York City Employees' Retirement System (877-669-2377) New York State and Local Police and Fire Retirement System (866-805-0990) New York City Police Pension Fund (866-692-7733) FDNY Pension Bureau Fire Department (718-999-1189)

To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.

QUESTION 2

If you are receiving a pension from any public NYS retirement system, we strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

QUESTION 3

If you held a previous membership in a New York State or New York City public retirement system, you may be eligible for reinstatement to an earlier date of membership. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-5 membership, there is a cost associated with the reinstatement. Once processing has been completed for your reinstatement to a Tier 3 or 4 membership, and if you meet the requirements noted below for Article 19*, you may then be eligible to have deductions stopped. We would notify your employer to stop withholding effective **July 1 of the school year in which your payment was received in the system**.

*Article 19 of the Laws of 2000 eliminates mandatory deductions for any Tier 3 and 4 members once the member has attained **10 years of service or 10 years of membership**.

Generally, it is to your advantage to be reinstated to an earlier date of membership. **However, there are situations where it may not be in your best interest to elect reinstatement.** We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking this box you are electing tier reinstatement. A tier reinstatement election is irrevocable.

QUESTION 4

You may be eligible to receive prior service credit for New York State public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a New York State public retirement system. Visit our Web site at www.nystrs.org to obtain our claim and verification forms.

As a Tier 6 member, the following service is <u>not creditable</u> in our System:

- Out-of-state teaching service;
- Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- Non-public service.

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 6.0% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the federal government.

Note: It is not necessary to check this box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.

QUESTION 5

To initiate your claim for military service with this System, you will need to submit a copy of Form DD-214, Armed Forces of the US Report of Transfer or Discharge.

If you do not have the DD-214, you may be able to obtain it by contacting:

National Personnel Records Center 1 Archives Drive St. Louis, Missouri 63138 Phone: (314) 801-0800 E-mail: mrp.center@nara.gov