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.

Em	npIID #								Soci	al Se	ecurity	y Nu	mbe	r -	T		7		
First Name MI Last Name																			
PO Box, Apt. #, Lot #, Suite #, etc.																			
Street Address																			
City	State Zip Code																		
																-			
Phone Number Effective Date of Change																			
() [] - [onth	/ [Day] / ['ear			
If you have changed your name, please indicate former name below.																			
First Name					MI	Lo	ıst No	ame											
In order for u	us to cha	ange ya	our nan	ne on ou	ur files,	, we re	quire	the fo	ollow	ing I	be in	clud	ed w	ith th	nis forr	n:			
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>			0 1 1 0 0 0	3															
 A copy of one of the above documents <u>and</u> a copy of your Driver's License, Passport, Military I.D. or Social Security card issued using your new name. 																			
SIGNATUR	E										<u>E</u>	ffect	ive C	ate o	of Cho	ange			
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IAADODTA	AITI																		

<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.