GRE-50 (5/08)

OFFICE SERVICES ONLY

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

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 #

Social Security Number ___ - ___ - ____

First Name **MI** **Last Name**

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

Street Address

City **State** **Zip Code** ____ -

Home Telephone 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. The original Marriage Certificate, Certified Copy of Court Order or Divorce Decree stating legal change of name, which will be reviewed and returned.

OR

2. A copy of one of the above documents and a copy of your Driver's License or Social Security card issued using your new name.

SIGNATURE

Effective Date of Change ___ / ___ / ____
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* (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.