



**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 #**

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**Social Security Number**

OR

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**First Name**

**MI**

**Last Name**

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

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**Street Address**

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**City**

**State**

**Zip Code**

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**Phone Number**

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**Effective Date of Change**

		/			/						
Month			Day			Year					

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

**First Name**

**MI**

**Last Name**

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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**

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**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 website at NYSTRS.org or request a copy be mailed to you by calling our Hotline at (800) 782-0289.