

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

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																											
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First Name (use legal name) MI Last Name																												
Mailing Address - Line 1																												
Mailing Address - Line 2 (if needed)																												
City	State													e e	z Zip Code													
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Phone Number Home Cell Other Effective												e Do	ate	(if c	har	ige	of c	ıddr	ess)	<u> </u>								
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Email Address (We suggest providing your personal email) Month Day Year																												
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If you have changed your name, please indicate former name below. First Name (use legal name) MI Last Name																												
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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.