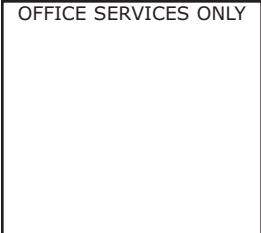




NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

WITHDRAWAL OF SPECIAL SERVICE CONTRIBUTIONS



PLEASE READ CAREFULLY. PRINT OR TYPE ALL INFORMATION AND RETURN TO THE ADDRESS ABOVE.

Last Name		First	M.I.	Social Security #
Street Address				EmplID
City	State	Zip	Telephone # ()	

I wish to withdraw my election to the Special Service Plan in accordance with the provisions of subdivision 2 of Section 511-a of the Education Law, and request a refund of monies contributed under this plan. I understand I will receive a lesser retirement benefit and a lesser supplemental benefit, if applicable to me in the future, as a result of this withdrawal.

C H E C K O N E	<input type="checkbox"/>	Please send me the entire refund, less 20% federal withholding on the taxable amount.
	<input type="checkbox"/>	Please execute a direct rollover of _____ % of the taxable amount of the refund into an Individual Retirement Account or other qualified plan. I understand that the rollover will not be made if the amount to be transferred is less than \$200. Any taxable part of the refund which is not directly rolled over, will be subject to 20% federal withholding. Any amount not rolled over or withheld will be sent directly to me.

If you request a direct rollover (Box 2), please forward a completed Request for Direct Rollover (System form REF-30.2). **If you do not submit the form within 90 days of the date of your application for refund, the entire refund, less 20% federal withholding, will be sent to you.**

I acknowledge that I have read and understood the Special Tax Notice on the back of this form.

Signature of Applicant

State of _____, County of _____

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appear _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary: _____ **Expiration Date:** _____