



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

OFFICE SERVICES ONLY

**REQUEST FOR DIRECT
 TRANSFER OF MEMBERSHIP**

Please be advised that I am registered in another New York State public retirement system and request the transfer of my membership in the New York State Teachers' Retirement System, to the

Name of Retirement System _____

NAME			SOCIAL SECURITY NUMBER
(Last)	(First)	(Middle)	
ADDRESS	(Street)		NYSTRS MEMBER NUMBER
	(City)	(State)	(Zip Code)
OPTIONAL - TELEPHONE NUMBER	WORK Area Code ()	HOME: Area Code ()	

Is this address your PERMANENT address to be used by the System? **Yes** **No**

Have you taught in a New York State public school, other than New York City, during the current school year? **NO** **YES** If yes, please list the school district(s):

DATE CEASED TEACHING IN NYS PUBLIC SCHOOLS (OUTSIDE NYC): _____

Title of new position: _____ Starting Date _____

in the _____
 (Name of Department, School or Other Unit Where Employed)

 (Signature)