



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	(Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
ADDRESS	(Street)			EMPLID
	(City)	(State)	(Zip Code)	DATE OF BIRTH
PHONE NUMBER	()			

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)