



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

OFFICE SERVICES ONLY

APPLICATION FOR WITHDRAWAL FROM MEMBERSHIP

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

To make a change, draw a single line through the incorrect information, enter the updated information, and initial your change.

EmpID

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Social Security Number

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Last Name	First Name	M.I.
Mailing Address - Street	Former Name*	Date of Birth
City, State, Zip	Last School Year Employed in New York State Public School or College	

*If you have not yet changed your name with the New York State Teachers' Retirement System, please submit a copy of your marriage certificate, court order or divorce decree stating legal change of name AND a copy of your valid driver's license, passport, military ID or Social Security card issued using your new name.

If you have both a ceased/abandoned membership AND an active membership, please indicate your preference below:

- I want to withdraw ONLY my ceased/abandoned membership. I want to withdraw BOTH memberships.

Please complete the applicable sections below:

TAXABLE AMOUNT (ONLY)

1. I want to receive the entire taxable amount of the refund less 20% federal tax withholding on the taxable amount of the refund and loan closeout, if any. **or**
- 2.* I want to rollover _____ % of the taxable amount of the refund directly into an eligible plan. Any taxable amount which is not directly rolled over plus the taxable amount of any loan closeout (if any) will be subject to 20% federal tax withholding. Any taxable amount not rolled over or withheld will be sent to me.

AFTER-TAX CONTRIBUTIONS AMOUNT (ONLY) IF APPLICABLE

1. I want the entire after-tax contributions amount of the refund sent directly to me. **or**
- 2.* I want to rollover _____ % of the after-tax contributions amount of the refund directly into an eligible plan.

***NOTE:** If you checked either Box 2 above, the System must also receive a completed corresponding Request for Direct Rollover form(s) — the *Taxable Amount (Only) Request for Direct Rollover (REF-30.2)* and/or *After-Tax Contributions Amount (Only) Request for Direct Rollover (REF-30.3)* — **within 30 days** of your date of retirement **or** the date of this letter (whichever is later). If we do not receive properly completed rollover form(s) within that time, we will send the entire taxable amount to you less 20% federal tax withholding and/or the entire after-tax contributions amount to you. See the applicable rollover form for a list of eligible plans.

**** This form must be signed and acknowledged before a Notary Public in order to be valid ****

I understand a Tier 1-4 member credited with at least five years of service or a Tier 5-6 member credited with at least 10 years of service is eligible for a future benefit. By completing this form I am withdrawing from membership or my membership has ceased. If I am withdrawing an active membership, I certify that I have resigned my position and/or am no longer employed under contract in the public schools, state universities, community colleges, or Education Department of New York State. I release and discharge the New York State Teachers' Retirement System from all claims and demands of every nature under this membership unless I apply for a tier reinstatement in the future. I acknowledge that I have read and understand the Special Tax Notice provided by the System.

Signature of Member	Home Number
	Work Number
State of _____, County of _____ On this _____ day of _____, 20____ before me the undersigned, personally appeared _____ <div style="text-align: center;"><i>(Print Applicant's Name)</i></div> 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: _____	
Printed Name of Notary: _____	
Affix Stamp (include expiration date)	