



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 Fax: 518-431-8792

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

- | | |
|--|---|
| <input type="checkbox"/> NYS & Local Retirement System | <input type="checkbox"/> NYC Employees' Retirement System |
| <input type="checkbox"/> NYS Police & Fire Retirement System | <input type="checkbox"/> NYC Police Pension Fund |
| <input type="checkbox"/> Teachers' Retirement System of the City of New York | <input type="checkbox"/> NYC Fire Pension Fund |
| <input type="checkbox"/> NYC Board of Education Retirement System | |

| | | | | |
|---------------------|----------|-------------------------------|-------------------------------|---|
| NAME | (First) | (Middle) | (Last) | EMPLID |
| ADDRESS | (Street) | | | LAST 4 DIGITS OF SOCIAL SECURITY # |
| | (City) | (State) | (Zip Code) | DATE OF BIRTH |
| PHONE NUMBER | () | <input type="checkbox"/> Home | <input type="checkbox"/> Cell | <input type="checkbox"/> Work |

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)