



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"/> NYS 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)