



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 Fax Number (518) 431-8795

OFFICE SERVICES ONLY

SERVICE RETIREMENT ESTIMATE REQUEST

(Please complete in ink)

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OR

Social Security Number

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Last Name	First Name	M.I.
Street		
City, State, Zip		
Is this your permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number ()

	ESTIMATE ONE			ESTIMATE TWO			ESTIMATE THREE		
Dates of Retirement	Month	Day	Year	Month	Day	Year	Month	Day	Year
Cease Teaching Dates	Month	Day	Year	Month	Day	Year	Month	Day	Year

School Year	Contract Salary	Additional Earnings <small>(Summer, Coaching, etc.)</small>	Total Earnings	Amount of Any Retirement Incentive, Bonus, or Unused Leave

Beneficiary's Date of Birth ____ / ____ / ____	Relationship <i>(circle one)</i> Spouse / Child / Other	Beneficiary's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
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SIGNATURE	DATE
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