



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
 10 Corporate Woods Drive, Albany, NY 12211-2395  
 (800) 348-7298; Fax (518) 447-4749

**MEMBER NAME/ADDRESS CHANGE**

**INSTRUCTIONS:** To change your name or address, please complete this form and return it to the System. Address changes should be submitted at least three weeks prior to the change taking effect. Please type or print all entries in **ink**. **This form must be signed to be valid.**

EmplID

OR Last 4 Digits of Social Security #

First Name

MI

Last Name

PO Box, Apt. #, Lot #, Suite #, etc.

Street Address

City

State

Zip Code

Phone Number (  )  -

Effective Date of Change  /  /   
Month Day Year

If you have changed your name, please indicate former name below.

First Name

MI

Last Name

In order for us to change your name on our files, we require the following be included with this form:

1. A photocopy of your marriage certificate, court order or divorce decree stating legal change of name.
- AND**
2. A photocopy of your valid driver's license, passport, military I.D., or Social Security card issued using your new name.

**SIGNATURE**

**Date**  /  /   
Month Day Year

**IMPORTANT!**  
 If you recently remarried or divorced, review your NYSTRS beneficiary designation, as you may need to update it. Print a *Designation of Beneficiary For In-Service or Post-Retirement Paragraph 2 Death Benefit* (NET-11.4) form from our website at NYSTRS.org or request a copy be mailed to you by calling our Hotline at (800) 782-0289.