GRE-50 (03/05)



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

OFFICE SERVICES ONLY

## **ACTIVE MEMBER NAME/ADDRESS CHANGE**

System address records are updated by either a <u>written</u>, signed request by the member or by the submission of payroll data by the employer.

Please type or print in ink the NAME and ADDRESS you wish the Retirement System to use. This form must be <u>signed</u> to be valid. **Social Security Number** EmplID # First Name **Last Name** PO Box, Apt. #, Lot #, Suite #, etc. **Street Address Zip Code** State City **Effective Date of Change Home Telephone Number** Day Year If you have changed your name, please indicate former name below: First Name ΜI **Last Name** Reason for change of name: ■ Marriage; ☐ Resumed Use of Maiden Name: Legal Change of Name (You must submit a copy of the Court Order) **SIGNATURE Date** Month **IMPORTANT!** 

Check here if you wish to change your designation of beneficiary. A form will be sent to you.