NET-2 (1/10)

OFFICE SERVICES ONLY

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

APPLICATION FOR MEMBERSHIP

Please Provide All Requested Information

PART 1 — TO BE COMPLETED BY APPLICANT

Social Security Number

___ - __ - ____

First Name ____ MI ___ Last Name ____

Street Address ____

Street Address ____

City ____ State ___ Zip Code ____ - ____

Phone Number (___) ___ - ____

Gender ☐ Male ☐ Female

Date of Birth ___ / ___ / ____
Month Day Year

Marital Status (optional) ☐ Married ☐ Single

Former Name
Last Name ____

PART 2 — TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the NYSTRS Employer Manual at www.nystrs.org)

Mandatory Membership

1 ☐ First date of full-time service ___ / ___ / ____
Month Day Year

OR

Optional Membership

2 The earlier of:

☐ First day of the month in which both service was rendered and the application was notarized. *(Service can be rendered after the month of notarization.)* ___ / ___ / ____
Month Day Year

OR

☐ First date of service for which 3.5% deductions began (**not payroll date**). ___ / ___ / ____
Month Day Year

LOCATION CODE ____

DISTRICT NAME

SIGNATURE OF AUTHORIZED OFFICIAL

PART 3 — TO BE COMPLETED BY APPLICANT

NYSTRS SERVICE CREDIT

* SIX IMPORTANT QUESTIONS *

As a member, you are responsible for ensuring your records are complete and accurate. Failure to provide any of the following necessary information could result in the loss of or reduction in a future benefit.

For an explanation of questions 1-5, see page 5.

1. Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? ☐ YES ☐ NO

Name of Retirement System:

2. Are you receiving a pension (monthly benefit) from another NYS or NYC public retirement system? ☐ YES ☐ NO

Name of Retirement System:

Retirement Number:

3. If you have **former membership service** that qualifies you to be reinstated, do you elect reinstatement? ***This election is irrevocable.*** ☐ YES ☐ NO

If yes, in what system was your former service credited:
Name of Retirement System:

System Membership or Registration #:

4. Do you wish to claim previous NYS or NYC public employment or public teaching service not included in question 3? ☐ YES ☐ NO

5. Have you ever served in the armed forces of the United States? ☐ YES ☐ NO

6. Are you currently rendering service at a NYS University or Community College under the **Optional Retirement Program**? ☐ YES ☐ NO

If yes, name the college:

Member Social Security Number

___ - __ - ____

PART 4 — DESIGNATION OF BENEFICIARY (NET-11.4)

Please review all information on page 4 before completing this area.
*Any changes made on this application **must** be initialed.*

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

Continued on Back

Member Social Security Number

___ - __ - ____

Name and Address of Beneficiary(ies)

Check One: ☐ Primary ☐ Contingent

First Name | MI | Last Name

Street Address

Street Address

City | State | Zip Code

Date of Birth: Month / Day / Year

Male ☐ Female ☐

Beneficiary Social Security Number ___ - __ - ____

Relationship: ☐ Spouse ☐ Child ☐ Other

I understand my designated beneficiary(ies) will receive the death benefit coverage authorized by Paragraph 2 of Section 606(a) of the Retirement and Social Security Law.

I direct the New York State Teachers' Retirement System, in the event of my death prior to retirement, to pay the death benefit and my contributions in one payment to the beneficiary(ies) listed above. If more than one beneficiary is listed, the share of any beneficiary who predeceases me will be equally shared by the surviving beneficiary(ies). I further direct that if I survive all designated primary beneficiaries, the benefit shall be paid in equal shares to the surviving contingent beneficiary(ies). If I should survive all designated beneficiaries, the amount of any death benefit shall be paid to my estate.

A portion of the death benefit coverage under Paragraph 2 Section 606(a) of the Retirement and Social Security Law may continue into retirement. The individuals listed above or on the most recently filed *Designation of Beneficiary* form are the beneficiary(ies) for this coverage.

I certify that the information I provide on this application is correct. I understand that I must contribute 3.5% of my public school teaching wages and if my death occurs prior to retirement or the termination of my membership, those contributions, with interest, will be paid to my designated beneficiary(ies) or my estate.

By filing this application, I claim any prior service for which I am eligible. I also understand that my address may be updated based on the submission of payroll data by my employer.

This application must be signed and notarized in order to be valid.

Signature of Applicant ➥

Married women must use their given name (Mary Smith not Mrs. John Smith)

State of _____

County of _____

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary: _____ **Expiration Date:** _____