NET-2 (12/13)



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM 10 Corporate Woods Drive, Aibany, NY 12211-2395 (800) 348-7298 or 447-2900 (Albany-area calls); Membership Ext. 6190

Please Provide All Requested information

AF	PLIC	CATI	ON	FOR	MEMB	ERSHIP

OFFICE SERVICES ONLY

PART 1 — TO BE COMPLETED BY APPLICANT							
Social Security Number EmpliD #							
First Name MI Last Name							
Street Address							
Street Address							
City	State Zip Code						
Phone Number							
(
Email Address							
Gender	pate of Birth						
Male Female							
Former Name	Month Day Year						
Last Name	Ma <u>rital</u> Status (optio <u>nal)</u>						
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Married Single						
PART 2 — TO BE COMPLETED BY EMPLOYER (Refer to Section 1 of the N							
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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 expianation of questions 1-5, see page 5.			
 Are you now a member of another New York State (NYS) or New York City (NYC) public retirement system? Name of Retirement System: 	YES	□ NO	
2. Are you receiving a pension (monthly benefit) from another NYS or NYC public retirement system? Name of Retirement System:	YES	NO NO	
Retirement Number:			
3. If you have former membership service that qualifies you to be reinstated, do you elect reinstatement? This election is irrevocable. If yes, in what system was your former service credited:	YES	□ NO	
Name of Retirement System:			\neg
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 NO	
5. Have you ever served in the armed forces of the United States?	YES	□ NO	
Have you ever served in the armed forces of the United States? Are you currently an active member of the Optlonal Retirement Program (TIAA/VDCP)?	YES YES	NO	
6. Are you currently an active member of the			

<u>Member Social Se</u>	curity Number			
	- -		PART 4 — DESIGNATION OF BENEFICIARY (NET-11.4)	
			Please review all information on page 4 before completing this ar	ea.
Name and Addr	ess of Beneficiary(les)	Any changes made on this application must be initialed.	
Check One:	Primary	Continger	nt	
First Name		M	11 Last Name	
Street Address				
Sileer Address		T T		T
Street Address				
		-0		
City			State Zip Code	
Date of Birth		Ma	ale Beneficiary Social Security Number Relation	ship
/			S ₁	oouse
Month Do	y Year	Fem		
W.G.III.	-, rea			Child
				Other
				Office
Name and Addre	ess of Beneficiary(ies)		
Check One:	Primary	Contingen	nt .	
First Name		MI		
Street Address				
Street Address				
Cit.			State Zip Code	
City			<u>sidle</u> <u>zip</u> code	
City			Sidle 2b Code	
Date of Birth		Mal		ship
Date of Birth		Femo	ale Beneficiary Social Security Number Relation Sp.	ship
	y Year	Femo	ale Beneficiary Social Security Number Relation Space	-
Date of Birth	y Year	Femo	ale Beneficiary Social Security Number Relation Sp.	ouse

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Name and Address	s of Beneficiary	ies)												
Check One:	Primary	Con	itingent											
First Name			_ MI	Last No	me									
Street Address														
Street Address														
City							State	zZi	p Code	•				
			-	-								-		
Date of Birth			Male	Ber	neficiary	Social	Securi	ty Nun	nber		'	Re	lationsh	ip
	7/]_[_					Spc	
Month Day	Year		Female					ı L			l		c	hild
														her
I understand my de	signated benef	iciary(ies)	wili receive	the dec	ath ben	efit cov	eraae	autho	rized by	Parac	raph	2 of S	ection	606(a)
of the Retirement a			P. Co. C. Corp. Initiation							A lancage		tarbuytu		
I direct the New Yo and my contributio any beneficiary wh designated primary should survive all de	ns in one paym o predeceases y beneficiaries,	ent to the l me will be the benefit	peneficiary equally sha shall be po	(ies) liste ared by aid in eq	ed above the survey and share	e. If mo viving b res to th	ore tha enefici ne survi	n one ary(ies iving c	benefic s). I furth continge	ciary is er dire ent bei	listed ect th	l, the s at if I s	hare of urvive o	1-121
A portion of the de continue into retire beneficiary(ies) for	ment. The indivi													1
I certify that the in based on my earn with interest, will b	nings, if my de	ath occurs	prior to re	etiremer	nt or the	e termii	rstand nation	I that I	l must o	contrib cership	oute I o, the	oetwe	een 3% ontribut	to 6%, ions,
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.														
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Signature of Applicant				<u> </u>		L								144
State of														
County ofOn this	_ day of				in th	e year			bef	ore m	e, th	e unc	dersign	ed,
a Notary Public in	n and for said	State, per	sonally ap	peared	dt									
personally known														
subscribed to the				-										
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Signature of Nota							F	xpirat	ion Da	le:				

As you complete this application, you are joining one of the largest public retirement systems in the United States. The System makes every effort to provide its members with the best possible service. Once we receive your membership application, we will send you an acknowledgement letter and a permanent membership card. To learn more about your membership, we urge you to read Your First Look at NYSTRS and the Active Members' Handbook, which are available in the Library at NYSTRS.org. We welcome you to the ranks of the more than 280,000 active members of the Retirement System and encourage you to become an informed member.

The New York State Teachers' Retirement System is required by the Education Law, Retirement and Social Security Law, and other laws to collect and maintain records containing personal information on its members. We collect only that information which is necessary to accurately and effectively provide you with the benefits to which you are entitled. This information is disclosed only where authorized by state or federal law, Failure to provide all necessary information could result in the reduction in or loss of a benefit. If you have questions, you may contact the Freedom of Information Officer at 10 Corporate Woods Drive, Albany, NY 12211-2395 or at foil@nystrs.org.

If you need assistance in completing Part 4 (Designation of Beneficiary) of this application, please call (800) 348-7298, Ext. 6130.

DESIGNATION OF BENEFICIARY

- If you wish to name more than three beneficiaries, please ask your school business office for an additional Designation of Beneficiary (NET-11.4) form to complete and submit with this application.
- if you wish to designate a custodian for a minor, a testamentary trust, an intervivos trust, or a corporation, please contact us for instructions to properly complete the designation at (800) 348-7298, Ext. 6130.
- ◆ For each beneficiary, be sure you have checked either primary or contingent.
- ♦ At least one beneficiary must be designated as primary.
- Contingent beneficiaries should be listed after the primary.
- Do not number beneficiaries.
- List <u>all</u> requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).
- An unborn child may not be named as a beneficiary.
- If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.
- Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.
- If your beneficiary designation is deemed invalid, we will update your beneficiary as your estate until a valid designation is filed.

DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. Upon reaching age 61, the benefit is reduced at the rate of 4% per year, but will not be reduced to less than 60% of the original benefit.

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during the second year of retirement, and 10% of the benefit in effect at age 60 (or at retirement, if earlier than age 60) for the third and future years.

QUESTION 1

If you have an active membership in one of the NYS public retirement systems shown below, you may be eligible to transfer that membership to this System. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new Teachers' Retirement System membership.

New York State public retirement systems from which a transfer of membership is possible:

New York State and Local Employees' Retirement System (866-805-0990)

New York City Teachers' Retirement System (888-869-2877)

New York City Board of Education Retirement System (800-843-5575)

New York City Employees' Retirement System (877-669-2377)

New York State and Local Police and Fire Retirement System (866-805-0990)

New York City Police Pension Fund (866-692-7733)

FDNY Pension Bureau Fire Department (718-999-1189)

To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.

QUESTION 2

If you are receiving a pension from any public NYS retirement system, we strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

QUESTION 3

If you held a previous membership in a New York State or New York City public retirement system, you may be eligible for reinstatement to an earlier date of membership. By answering YES to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-5 membership, there is a cost associated with the reinstatement. Once processing has been completed for your reinstatement to a Tier 3 or 4 membership, and if you meet the requirements noted below for Article 19*, you may then be eligible to have deductions stopped. We would notify your employer to stop withholding effective July 1 of the school year in which your payment was received in the system.

*Article 19 of the Laws of 2000 eliminates mandatory deductions for any Tier 3 and 4 members once the member has attained 10 years of service or 10 years of membership.

Generally, it is to your advantage to be reinstated to an earlier date of membership. However, there are situations where it may not be in your best interest to elect reinstatement. We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking this box you are electing tier reinstatement. A tier reinstatement election is irrevocable.

QUESTION 4

You may be eligible to receive prior service credit for New York State public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a New York State public retirement system. Visit our Web site at NYSTRS, org to obtain our claim and verification forms.

As a Tier 6 member, the following service is not creditable in our System:

- Out-of-state teaching service;
- Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- Non-public service.

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost will be 6.0% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the federal government.

Note: It is not necessary to check this box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.

QUESTION 5

To initiate your claim for military service with this System, you will need to submit a copy of Form DD214, Armed Forces of the US Report of Transfer or Discharge.

If you do not have the DD214, you may be able to obtain it by contacting:

National Personnel Records Center 1 Archives Drive St. Louis, Missouri 63138 Phone: (314) 801-0800 E-mail: mrp.center@nara.gov