

OFFICE SERVICES ONLY



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, NY 12211-2395
 Fax Number (518) 447-2720

ESTIMATE REQUEST
(Please complete in ink)

Member Name _____

EmplID or Social Security Number _____

Telephone 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 <i>(Summer, Coaching, etc.)</i>	Total Earnings	Amount of Any Retirement Incentive, Bonus, or Unused Leave

Beneficiary's Date of Birth _____

Beneficiary's Sex
 Male Female

Estimates will be sent by first class mail to the address currently in our files. If you wish to change the permanent address used by the System, complete and sign the section below.

New Address:

Street and Number _____

City, State and Zip _____

SIGNATURE _____

DATE _____