

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		Combined Sedema			(S	Additional Earnings Summer, Coaching, etc.)		Total Earnings		Amount of Any Retirement Incentive, Bonus, or Unused Leave		
Beneficiary's Date of Birth Ben									y's Sex Male	D F	emale	
Estimates will be permanent add		,					,	,		hange the	e	
New Addres	s: [Street and Number										
	(City, State and Zip										

SIGNATURE DATE

OFFICE SERVICES ONLY