EST-35.1 (8/18)

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax Number (518) 431-8795

OFFICE SERVICES ONLY

SERVICE RETIREMENT ESTIMATE REQUEST

(Please complete in ink)

EmplID | | | | | | | | | |

Last 4 Digits of Member's Social Security # | | | | |

Last Name | First Name | M.I.

Street

City, State, Zip

Is this your permanent address? ☐ Yes ☐ No

Phone 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 *(Summer, Coaching, etc.)*	Total Earnings	Amount of Any Retirement Incentive, Bonus, or Unused Leave

Beneficiary's Date of Birth	Relationship *(circle one)*	Beneficiary's Gender
_____ / _____ / _____	Spouse / Child / Other	☐ Male ☐ Female

SIGNATURE	DATE