

FOR OFFICE USE Ready: _____ Review: _____ Approve: _____	RECEIVED
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Request for Estimate RS 6030

(Rev. 8/11)

Please print plainly or type.
Complete items 1 through 12
This request must be signed by member requesting information.
All information is subject to verification.

NOTE: THIS IS NOT A RETIREMENT APPLICATION

INFORMATION ABOUT YOU						
1. Name (First, Middle Initial, Last)			2. Address 			
3. Social Security Number*						
4. Registration Number						
5. Estimated Date of Retirement <small>Month Day Year</small>		6. Date of Birth <small>Month Day Year</small>		7. Home Telephone Number () Work Telephone Number ()		

***Social Security Number required. (See statement on reverse side)**

INFORMATION ABOUT YOUR PUBLIC EMPLOYMENT AND MEMBERSHIP(S)									
8. To the best of your ability, please complete the following record of your PUBLIC SERVICE , including service in the armed forces.									
EMPLOYER <small>(Indicate whether State, County, City, Town, Village, etc.)</small>	Department or Agency	Title of Position	SERVICE						
			FROM			TO			
			Mth	Day	Year	Mth	Day	Year	

9. Are you a member of both the NYS and Local Employees' Retirement System and the NYS and Local Police and Fire Retirement System, or any other Public Retirement System?
- Yes - Under what System? _____
 What Registration Number? _____
 No
10. Have you ever been a member of the NYS and Local Employees' Retirement System, the NYS and Local Police and Fire Retirement System, or any other Public Retirement System under a different name or registration number?
- Yes - Under what Name? _____
 What System? _____
 What Registration Number? _____
 No

YOU MUST COMPLETE OTHER SIDE

11. INFORMATION ABOUT YOUR INTENDED BENEFICIARY		
If you would like the amounts payable under the Joint Life Allowances, only one intended beneficiary may be listed and you must indicate his or her date of birth. NOTE: This is not a designation of beneficiary.		
Name (First, Middle Initial, Last)	Beneficiary's Sex	Beneficiary's Social Security Number
Address	Male <input type="checkbox"/>	
	Female <input type="checkbox"/>	
	Relationship (If Any)	Beneficiary's Date of Birth
		Month Day Year

12. Please sign your name in full below.
Your Signature:

AS YOU NEAR RETIREMENT, YOU SHOULD BE AWARE OF THE FOLLOWING

FILING A RETIREMENT APPLICATION

An application for retirement must be on file with the Retirement System for at least 15 days, but not more than 90 days, before your retirement can become effective.

Documentary evidence of your date of birth must be submitted before any benefit can be paid.

OPTIONS

Proof of your beneficiary's date of birth will be required if you select any of the Joint Allowance Options (i.e. the Joint Allowance-Full, Joint Allowance-Half, various percentage options, Pop-Up Joint Allowance-Full or Joint Allowance-Half Options).

EXCESS CONTRIBUTIONS (TIER 1 AND 2 ONLY)

All or any excess contributions in your annuity savings account may be withdrawn by filing application for Refund of Excess Contributions (RS 5195). The application must be received in the Retirement System **before** the effective date of your retirement.

INFORMATION

Retirement System Information Representatives travel throughout New York State meeting with members and retirees. If you would like additional information or explanation, see a representative when one is in your vicinity, or contact our Call Center toll-free at 1-866-805-0990, or at 474-7736 if you live in the Albany area. Information is also available on our website at www.osc.state.ny.us/retire.

POST RETIREMENT EMPLOYMENT

All paid public employment must cease at the time of your retirement. There are laws governing employment after retirement and if you plan to be employed by or contract with a public employer, it is important for you to know about them. You may obtain information by writing to the Post-Retirement Employment Section, New York State and Local Retirement System, Albany, New York 12244.

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, New York 12244 or toll-free at 1-866-805-0990 or 474-7736 in the Albany area.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.