NYSUT MEMBER BENEFITS TRUST PENSION DEDUCTION AUTHORIZATION

(Please Print):

Last Name_____ First_____ Initial_____

Address_____

Home Telephone No. ( )_____

Soc. Sec. No._____ Authorization is for_____
(name of plan)

Retirement/Pension Number:

New York City (TRS) Retirees only:

T-__ __ __ __ __ __ -__

U-__ __ __ __ __ __ -__

All other Retirees*:

_____

Read statements below. Signature and date are required.

**TIAA-CREF annuitants - please furnish TIAA contract number and CREF certificate number.*

NYSUT MEMBER BENEFITS TRUST - 800 Troy-Schenectady Road, Latham, NY 12110-2455

CHECK ONE BOX ONLY - SIGN AND DATE BELOW

❒ I belong to the Teachers' Retirement System of the CITY of New York (TRS) and I hereby request a monthly withholding of deductions from my monthly benefit for the purchase of union-sponsored benefits as permitted by Chapter 248, Laws of 1994. The TRS is authorized to continue taking such deductions until NYSUT Member Benefits Trust receives written notice from me to the contrary.

❒ I belong to the New York STATE Teachers' Retirement System (NYSTRS), or

❒ New York STATE Employees' Retirement System (NYSERS) and I hereby request monthly withholding of union deductions from my monthly benefit as permitted by Section 536 of the Education Law and Section 110-C of the Retirement Social Security Law. NYSTRS or NYSERS is authorized to continue taking such deduction until NYSUT Member Benefits Trust receives written notice from me to the contrary.

❒ I am a TIAA and/or CREF annuitant and hereby request a monthly withholding of deductions from my monthly TIAA and/or CREF income for the purchase of coverages provided through NYSUT Member Benefits Trust's Pension Advantage program. TIAA-CREF is authorized to continue taking such deductions until NYSUT Member Benefits Trust receives written notice from me to the contrary. If at any time the total deductions equal or exceed my combined monthly income payments from TIAA-CREF, all deductions I have authorized TIAA-CREF to take on my behalf will terminate immediately.

I expressly acknowledge and understand that NYSUT Member Benefits Trust will determine the exact deduction to be withheld monthly and that any questions regarding the amount will be directed by me to Member Benefits. I hereby certify to TRS, NYSTRS, NYSERS or TIAA-CREF that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as providers by law.

*Signature*_____ *Date*_____