

## TEACH Online Account Instructions – Name Change

The first step in changing your name, is to change your name on your TEACH Account. Once you receive confirmation that your name has been changed, please notify Human Resources at 516-441-4050 and we will change your name for all of your records (personnel, payroll, and health benefits).

Please follow the following instructions on how to change your name on your TEACH account:

1. Go to the following website:  
<http://www.highered.nysed.gov/tcert/teach/>
2. Logon to your TEACH account and follow the instructions listed below:  
**STEP 2: LOGIN to TEACH** to access your information and TEACH System.

**If you forgot your user id or password, you can reset it online through this site by clicking on:**

**Forgot your TEACH username or password?** For any technical difficulties, please call TEACH help desk at (518) 486-6041.

### TEACH Home

#### ► Profile Links

#### Update/Add Education, Employment and Personal Information

##### Verify/Update Profile

*To add or edit the information below, click the corresponding edit button. Please make sure the mailing address listed below is correct so that information we need to send to you will reach you. If you do not need to make any changes click the Next button.*

3. Click on “Edit Personal Information” located at the upper right hand side of the screen.

**Edit Personal Info.**

##### Enter/Edit Personal Information

Use this form to make modifications to your personal information and preferences.

4. Click on “Request Name Change” located at the upper right hand side of the screen.

**Request Name Change**

5. Scroll down to the bottom and click on the “Submit” button located at the lower right hand side of the screen.

**Submit**

6. ***Please make sure to mail a copy of the documentation that supports your name change and an explanation of the request (marriage, divorce, etc.)*** For example, if you request a name change, mail them a copy of your marriage license or divorce decree, etc. Mail all necessary documentation to: Office of Teaching Initiatives, 89 Washington Avenue, EB Room 5N, Albany, NY 12234

##### Additional Information:

7. There is no fee for requesting a name change.
8. If you wish to have your certificate reissued with your new name, there is a \$25 fee. To apply for a duplicate certificate you may do so through your TEACH online account. ***It is not necessary to have a new certificate issued.***

**GREAT NECK PUBLIC SCHOOLS  
CHANGE IN EMPLOYEE INFORMATION**

*(This form will be used for your records in Human Resources and Payroll only)*

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ Work #: \_\_\_\_\_ SS #: \_\_\_\_\_  
*(last four-digits only)*

**Check off box(es) of information to be changed, provide new information, sign and send to HR.**

Effective date of change(s): \_\_\_\_\_

Name: \_\_\_\_\_  
*(Note: Change of name will require supporting documentation – contact HR for further information)*

Legal Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: If mailing address is different than legal address, provide mailing address on the back of this form.**

Home #: \_\_\_\_\_  Cell #: \_\_\_\_\_  Email: \_\_\_\_\_  
*(Area Code)* *(Area Code)*

Do not include my address in the directory       Do not include my phone # in the directory

**In The Event of an Emergency:** (Nearest relative/person to be contacted)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_ / \_\_\_\_\_  
*(Area Code)* *(Area Code)*

Personal Physician to be contacted:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I certify that the above information is true and I give permission to change my records.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Note: Signature required for any changes to be made.)**

**\*\*IT IS IMPORTANT TO:**

- Change your name on your TEACH account by logging into the following website: <http://www.highered.nysed.gov/tcert/teach>
- Notify the *New York State Teachers' Retirement System* (if you are a member) by filling out the "TRS" form and mailing it directly to them or contact them at 800-356-3128 for additional information.
- Notify the *Employees' Retirement System* (if you are a member) by filling out the "ERS" form and mailing it directly to them or contact them at 518-474-7736 (District Code 72827) for additional information.
- Notify *GNTA (Great Neck Teachers' Association)* at 516-829-9086.
- Notify *Daniel H. Cook* by filling out their form and mailing it directly to them or fax at 212-714-1455.
- Notify *NYSUT* via mail at: 800 Troy-Schenectady Road, Latham, NY 12110-2455 or via fax at 518-213-6413.
- Notify the Credit Union (if you are a member) at 516-773-1740.
- If your name has changed, notify the Social Security Administration Office at 1-800-772-1213 or go to their website at [www.ssa.gov](http://www.ssa.gov), and request form SS-5 so that your earnings may be accurately credited.



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
**10 Corporate Woods Drive, Albany, NY 12211-2395**

OFFICE SERVICES ONLY

## DESIGNATION OF BENEFICIARY

Last Name	First Name	M.I.	Social Security Number
Street			EmplID
City, State, Zip			Is this your permanent address? Yes <input type="checkbox"/> No <input type="checkbox"/>

I, the undersigned, revoking all former designations made by me pursuant to my death benefit coverage, hereby direct the NYS Teachers' Retirement System, in the event of my death, to pay the death benefit allowable on my account and the total of my contributions, if any, in one lump sum payment to the beneficiary or beneficiaries named below. Should I survive all named beneficiaries, any death benefit payable shall be paid to my estate.

**Primary Beneficiaries** - If more than one primary beneficiary is named, the share of any beneficiary who dies before me shall be divided equally among the surviving primary beneficiaries.

**Contingent Beneficiaries** - Should I survive my primary beneficiary or beneficiaries, any benefit payable at my death shall be paid in equal shares, unless otherwise indicated, to the surviving contingent beneficiary or beneficiaries.

BENEFICIARY INFORMATION			
Name	<i>Check One</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<i>Check One</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Street			Relationship:
City, State, Zip		Beneficiary Soc Sec #	
Name	<i>Check One</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<i>Check One</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Street			Relationship:
City, State, Zip		Beneficiary Soc Sec #	
Name	<i>Check One</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<i>Check One</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Street			Relationship:
City, State, Zip		Beneficiary Soc Sec #	
Name	<i>Check One</i> Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	<i>Check One</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Street			Relationship:
City, State, Zip		Beneficiary Soc Sec #	

**\*\* This form must be signed and notarized in order to be valid \*\***

<b>Signature of Applicant</b>	Telephone Number:
State of _____, County of _____	
On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.	
Signature of Notary:	Expiration Date:

**Please review the information on the reverse before mailing.**

## INSTRUCTIONS FOR DESIGNATING A BENEFICIARY

1. Please type or print in black or blue ink. ***This form must be properly notarized.***
2. **Any number of primary and contingent beneficiaries may be named, but you must designate at least one primary beneficiary.** The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if all primary beneficiaries die before you do. If you survive all of the beneficiaries named, we would pay your estate.
3. **Any alterations to this form must be initialed.** Stipulations or attachments to your designation are not acceptable.
4. **If you desire more beneficiaries than can fit on one form, you must use an additional designation form, each clearly marked as "form 1 of 2" and "form 2 of 2," etc. Each form must be signed, notarized and submitted at the same time.** Additional forms can be acquired from your employer, the System or downloaded from our website at [www.nystrs.org](http://www.nystrs.org).
5. **New beneficiary forms filed will supersede any previous designation.** Therefore, if you want to add a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.
6. **If you designate persons:**
  - ◆ List full names (e.g. Mary Smith not Mrs. John Smith). Unborn children may not be named.
  - ◆ Provide complete information requested for each beneficiary, including whether they are primary or contingent.
  - ◆ Beneficiaries should be listed separately (not Mr. and Mrs. on one line).
  - ◆ **Do not number your beneficiaries. Numbering of beneficiaries will result in an unclear designation.**
7. **If you designate your estate:**
  - ◆ Use the words "My Estate" on the name line. Before naming your estate as beneficiary, we suggest you contact the IRS or your tax advisor to determine the tax impact of such a designation.
  - ◆ If your estate is named as primary beneficiary, do not name a contingent beneficiary. A contingent beneficiary would only be entitled to a benefit if the primary beneficiary ceases to exist before the member's death.
8. **If you designate a corporation,** a copy of the certification of incorporation is required. Please be sure to use the exact name of the corporation. If a religious organization is listed, we require a certificate of incorporation or a charter.
9. **If you designate the trustee of an Intervivos Trust:**
  - ◆ The trustee must be a person or a corporation **and a true copy of the trust instrument, or a Certificate of Trust, containing the names and addresses of the trustee and successor trustees must be submitted with your designation.**
  - ◆ The following sentence **must be** written in the beneficiary's name and address space on the front of this form: **"(name of trustee), (address of trustee), as trustee of a trust created by instrument, dated (date of instrument), a true copy of which is annexed hereto."**
10. **If you designate the trustee of a Testamentary Trust:**
  - ◆ The will under which the trust is established must be your will.
  - ◆ The following sentence **must be** written in the beneficiary's name and address space on the front of this form: **"The trustee of the testamentary trust established by paragraph (number) of my will, dated (date of your will)."**
11. **If you designate a custodian for a minor:**
  - ◆ The following sentence **must be** written in the beneficiary's name and address space on the front of this form: **"(name and address of custodian) as custodian for (minor's name) under the New York Uniform Transfers to Minors Act." The sex, date of birth, relationship and Social Security number refer to the minor, not the custodian.**

## BENEFICIARY DESIGNATION CHECK LIST

- Is your designation form **signed and notarized?**
- Did you write your social security number in the appropriate box on the reverse?
- Did you designate at least one primary beneficiary?
- Did you initial any changes, whiteouts or erasures you may have made?
- If you indicated percentages for your primary or contingent beneficiaries, do the percentages equal 100%?

**IN ORDER FOR YOUR NEW DESIGNATION TO BE ACCEPTABLE, IT MUST BE COMPLETED PROPERLY, NOTARIZED, SIGNED AND RECEIVED BY THE SYSTEM. IF YOU HAVE ANY QUESTIONS WHEN COMPLETING THIS FORM, PLEASE CALL US AT 1-800-348-7298, EXT. 6130.**



DANIEL H. COOK ASSOCIATES, INC  
253 West 35th Street, 12<sup>th</sup> Floor  
New York, NY 10001  
Tel: 212.505.5050

**CHANGE OF ADDRESS FORM**

Please use *ink only* to complete the following information and sign at the bottom so that we may update your records.

**MEMBER's FULL NAME** \_\_\_\_\_  
LAST NAME FIRST NAME

LOCAL:  52  77  88  MARBLE  OTHER \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SOC. SEC. NO. \_\_\_\_--\_\_\_\_--\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. STREET FLOOR/APT#

ADDRESS \_\_\_\_\_  
CITY OR BOROUGH STATE ZIP

HOME NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

STATUS:  SINGLE  MARRIED  WIDOWED  DIVORCED  LEGALLY SEPARATED

**NEW ADDRESS:**

ADDRESS \_\_\_\_\_  
NO. STREET FLOOR/APT#

ADDRESS \_\_\_\_\_  
CITY OR BOROUGH STATE ZIP

SIGNATURE \_\_\_\_\_  
*Information will not be processed without signature!*

**FOR OFFICE USE ONLY** **DO NOT WRITE BELOW THIS LINE**

Date: \_\_\_\_\_ ERS Initials: \_\_\_\_\_

Date: \_\_\_\_\_ HSP Initials: \_\_\_\_\_

Date: \_\_\_\_\_ QBKS Initials: \_\_\_\_\_

Date: \_\_\_\_\_ AXE Initials: \_\_\_\_\_