AC 1767 (Rev. 2/14)

State of New York
OFFICE OF THE STATE COMPTROLLER

TIAA–CREF ACTION REQUEST

TO: NEW YORK STATE OFFICE OF THE STATE COMPTROLLER,
PAYROLL DEDUCTIONS & TAX COMPLIANCE SECTION

FROM: STATE OR CITY UNIVERSITY_____

EMPLOYEE'S NAME (last, first, middle initial, suffix)

NYS EMPI ID	AGENCY CODE	ELECTION DATE

IS EMPLOYEE EXEMPT FROM SOCIAL SECURITY DEDUCTIONS?

☐ NO ☐ YES REASON _____

CHECK APPROPRIATE BOX FOR ENROLLMENT:

☐ A new employee does not own a contract–begin suspense period.

☐ A new employee who already owns a contract–begin contributions.

☐ A State employee who is an ERS/TRS member and has been moved to an eligible position.

1. EMPLOYEE'S DATE OF BIRTH: _____

2. CONTRACT NUMBERS, IF ANY: TIAA _____

   CREF _____

   OTHER ALTERNATE FUNDING VEHICLE: ☐ METLIFE ☐ ING ☐ VALIC

3. EMPLOYEE ERS/TRS REGISTRATION NUMBER, IF ANY: ☐ ERS _____

   ☐ TRS _____

4. PREVIOUS STATE, SUNY, CUNY, COMMUNITY COLLEGE OR RESEARCH FOUNDATION SERVICE IF ANY – LIST INCLUSIVE DATES AND EMPLOYER'S NAME(S):

EMPLOYER	BEGINNING DATE	ENDING DATE

_____ _____
AGENCY AUTHORIZED SIGNATURE DATE