



Receipt Date

Tiers 3, 4, 5 & 6 Loan Application

(For Members Covered by Articles 14, 15 or 22)

Mail completed form to:

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
110 STATE STREET - MAIL DROP 5-9
ALBANY NY 12244-0001

RS 5025-A

(Rev. 2/15)

Please see pages 3 and 4 for instructions on completing this form. We cannot accept faxed loan applications. If you are not sure you are eligible for a loan, please call us toll-free at (866) 805-0990 or (518) 474-7736 in the Albany, New York area.

You must answer all questions in ink and the application must be signed and notarized, or it will be rejected.

① Personal Information

A. Social Security Number

Registration Number (if known)

| | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|--|------|--|
| Last Name | | | | | | | | | | First Name | | | | | | | | | | M.I. | |
| [Grid for name entry] | | | | | | | | | | | | | | | | | | | | | |

Permanent Mailing Address

| | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|--|--|--|
| Street Address (Street or PO Box) | | | | | | | | | | | | | | | | | | Unit or Apt # | | | |
| [Grid for address entry] | | | | | | | | | | | | | | | | | | | | | |

Street Address

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| [Grid for street address entry] | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

City

State

Zip Code

| | | | | | | | | | |
|---------|--|------------|--|--|--|---|--|------------|--|
| [State] | | [Zip Code] | | | | - | | [Zip Code] | |
|---------|--|------------|--|--|--|---|--|------------|--|

Home Phone

Work/Cell Phone

Extension

| | | | | | | | | |
|---|-----|-----|---|---|-----|-----|-----|-----|
| (| [] | [] |) | - | [] | [] | [] | [] |
|---|-----|-----|---|---|-----|-----|-----|-----|

| | | | | | | | | |
|---|-----|-----|---|---|-----|-----|-----|-----|
| (| [] | [] |) | - | [] | [] | [] | [] |
|---|-----|-----|---|---|-----|-----|-----|-----|

| | | |
|-----|-----|-----|
| [] | [] | [] |
|-----|-----|-----|

B. Address to which you want your check sent (only if different from permanent mailing address)

| | | | | | | | | | | | | | | | | | | | | | |
|-------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C / O | [Grid for address entry] | | | | | | | | | | | | | | | | | | | | |
|-------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Street Address (Street or PO Box)

Unit or Apt #

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|
| [Grid for address entry] | | | | | | | | | | | | | | | | | | [Grid for unit entry] | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|

City

State

Zip Code

| | | | | | | | | | |
|---------|--|------------|--|--|--|---|--|------------|--|
| [State] | | [Zip Code] | | | | - | | [Zip Code] | |
|---------|--|------------|--|--|--|---|--|------------|--|

② Required Information— Must be Completed (See page 3 for instructions)

If you participate in another retirement plan offered through your employer

...



...

\$ [] [] [] , [] [] [] . 0 0

\$ [] [] [] , [] [] [] . 0 0

\$ [] [] [] , [] [] [] . 0 0

①

②

③

○

f
f
f
f
f

○

○

○

ALL TIER 3, 4, 5 AND 6 LOANS ARE SUBJECT TO THE FOLLOWING:

| | |
|--|--|
| | |
| | |

| |
|--|
| |
| |
