



New York City Police Pension Fund

233 BROADWAY
NEW YORK, NEW YORK 10279
(212) 693-5100

From: New York City Police Pension Fund

To: Members with Prior Board of Education Time

Subject: FILING PROCEDURES FOR TRANSFER OF MEMBERSHIP APPLICATION

Procedures to follow in filling out the Board of Education Retirement System transfer of membership application:

1. Fill in all of the necessary information.

- a) your BERS membership number *(you may obtain this from your old pay stub)*
- b) transfer to the PRINT NYC Police Pension Fund
- c) under register no. print your NYPD Tax Number
- e) your Name
- f) Timekeeper/Payroll Secretary's Name
- g) School appointed to
- h) your signature
- j) your address
- k) BERS Membership Date (date you joined their retirement system)
- l) Social Security number
- m) Date Terminated employment with previous BERS title
- n) your telephone number
- o) Date appointed to NYPD

2. Have the application Notarized.

3. Mail via *Certified Mail* to: Police Pension Fund, Membership Services, 233 Broadway, New York, NY 10279, or hand deliver the application to the PPF, at the above address, 19th floor. Any questions regarding the filing of this application should be directed to Board of Education Retirement System at (718) 935-2317.

*****YOU HAVE ONE (1) YEAR FROM YOUR APPOINTMENT DATE TO THE NEW YORK CITY POLICE DEPARTMENT TO TRANSFER YOUR SERVICE TIME TO OUR SYSTEM.*****



**BOARD OF EDUCATION RETIREMENT SYSTEM
OF THE CITY OF NEW YORK
65 COURT STREET
BROOKLYN, NEW YORK 11201-4965**

Christine Bailey
Executive Director

Denise Ellis
Deputy Executive Director

REQUEST TO TRANSFER MEMBERSHIP AND CLAIM PREVIOUS SERVICE CREDIT

Pursuant to Section 43 of the Retirement and Social Security Law, I request the transfer of my membership, reserves and accumulated contributions, if any credited to me from BERS. Further I hereby claim and any all previous service credit to which I am entitled.

BERS No. _____ TRANSFER TO THE _____

RETIREMENT SYSTEM UNDER REGISTER No. _____

BERS Membership Date _____

Social Security No. _____

Name _____

Date Terminated _____

Last School Employed _____

Telephone No. _____

Timekeeper's Name _____

School Appointed To _____

Date Appointed _____

Signature _____

Address _____

ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On this ____ day of _____, _____, personally appeared before me the said _____, to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Notary Public

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SYSTEM TO WHICH TRANSFER IS REQUESTED

I hereby certify the above named member has been registered to membership in the _____ Retirement System under Membership No. _____.

Signature of Officer _____ Title _____ Date _____