

REQUIRED

Member Number: E or G

Last 4 Digits
of SSN

Employee
Identification Number



Board of Education
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

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First Name

M.I.

Last Name

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Home/Legal Address

Apt. No.

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City

State

Zip Code

--	--	--

Mailing Address (if different from above)

Apt. No.

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City

State

Zip Code

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Primary Telephone Number

Secondary Telephone Number Is this a Cell #

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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REQUIRED - Primary Email Address

Secondary Email Address

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OFFICIAL DATE OF RECEIPT

REQUIRED MINIMUM DISTRIBUTION UPDATE



REQUIRED Member Number: E or G	Last 4 Digits of SSN	Employee Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

BERS | Board of Education Retirement System
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PREFERRED MONTH *(Required Field)*

Month

I would like to received my RMD in

Please note that, if you select payment in November or December, BERS may need to process your RMD earlier in the year, due to the high volume of transactions in November and December.

FOR MEMBERS WITH MUTIPLE TAX-DEFERRED ANNUITY 403(B) ACCOUNTS

If you have already received a distribution from another Tax Deferred Annuity (TDA) 403(b) account that is equal to the RMD amounts for all your TDA accounts, you may elect not to receive an RMD from your BERS TDA for this calendar year. This election will only apply to this year.

I have already received a distribution from another Tax Deferred Annuity (TDA) 403(b) account that is equal to the RMD amounts for all my TDA accounts. I am requesting that BERS not issue an RMD to me this year. I understand that failure to receive my RMDs may result in the IRS assessing an excise tax of 25% of the RMD amount. Initials

ELECTION TO WITHHOLD FEDERAL INCOME TAX *(Required field)*

Each Required Minimum Distribution (RMD) is taxable in the year in which it is distributed, and may be subject to state and local taxes. You must complete a Form W-4R and submit it to BERS along with this form. When filling in the Form W-4R, you will be able to elect the rate of federal tax withholding on your RMD. The RMD is a nonperiodic payment. The form W-4R is available on the IRS' website: <https://www.irs.gov/pub/irsrior/fw4r--2022.pdf>

Note to foreign persons: If you are a "foreign person" within the meaning of the Internal Revenue Code, the Plan is required by law to withhold 30% of your payment, unless an applicable treaty between the U.S. and your country of residence permits a lower rate. For more information on who qualifies as a "foreign person," you may consult the IRS' website at: <https://www.irs.gov/individuals/international-taxpayers/foreign-persons>.

Election 1 – I do not want to have federal income tax withheld from my distribution. Note: Even if you elect not to have Federal income tax withheld, you are liable for payment of any Federal income tax that may be due on your distribution. Initials

Election 2 – Please withhold federal income tax from my distribution. I wish to have _____% Federal income tax withheld from my annuity distributions. Note: Even if you elect to have federal income tax withheld, you are liable for payment of any Federal income tax that may be due on your distribution. Initials

Election 3 – I elect to have the default amount of 10% Federal income tax withheld from my annuity distributions. Initials



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REQUIRED MINIMUM DISTRIBUTION UPDATE

COMPLETE THIS SECTION FOR PAYMENT METHOD

My TDA refund should be deposited via EFT to the same account as my pension check. Yes No

If you checked **YES**, do not fill in your banking information below. You may submit this form via email to **brespon@bers.nyc.gov**. If you checked **NO**, please enter your banking information below.

Please send my TDA refund via check to the address on file. Yes No

If you checked YES, do not fill in your banking information below.

Exact Name of Financial Institution

Type of Account Checking Savings

Name of Account Holder

Transit Routing/ABA Number

Account Number

I hereby authorize the Board of Education Retirement System to electronically transfer these funds to my account.

I understand that any incorrect information provided will affect the transfer of my funds.

You may submit your form via

Fax:

(718) 935-4124 or (718) 935-3830

Mail:

Board of Education Retirement System
65 Court St., 16th Fl., Brooklyn, NY 11201

In Person:

BERS Service Center
65 Court St., 1st Fl. Brooklyn, NY 11201



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ACKNOWLEDGEMENT

I understand that any person who presents a false or fraudulent claim for payment or benefit or knowingly presents false information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

I affirm that all the information I have provided above is true and correct and hereby apply to receive the Required Minimum Distribution based on the updates I have made above.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature _____ **Date** _____
REQUIRED

State of _____ County of _____

On this _____ day of _____ in the year 20 _____

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.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below

