

REQUIRED

Member Number: E#

New applicants should leave this blank.

REQUIRED

Last 4 Digits of SSN

REQUIRED

Employee Identification Number



Board of Education Retirement System

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

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Do not submit this form by email.

You may submit your form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

Mr Mrs Ms Miss Other _____

Name M.I. Last Name

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Home/Legal Address Apt. No.

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City State Zip Code

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Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Mailing Address (if different from above) Apt. No.

--	--

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		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

RETIREEES EFT AUTHORIZATION



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ACKNOWLEDGEMENT

I hereby authorize the Office of the Comptroller of the City of New York, on behalf of the Board of Education Retirement System of the City of New York (BERS), to send my monthly pension and/or Tax Deferred Annuity benefits via Electronic Fund Transfer (EFT) to the bank (designated on page 3) for deposit in my account. I understand that EFT may be made to my accounts whether individual or joint.

If, through an error, an overpayment is credited to my account, I hereby authorize the bank to adjust my account by a deduction equal to the amount of the overpayment and if, in that event, the balance of my bank account is insufficient, I, my joint account holder, my heirs and my estate hereby assume full responsibility upon demand to reimburse BERS to the extent of such overpayment.

This authorization will remain in full force and effect until I have canceled it in writing.

I understand that I must give the Office of the Comptroller and BERS a reasonable period of time to act on this authorization or its cancellation.

**The bank you name must be a member of the Automated Clearinghouse (ask your bank manager about this).*

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

REQUIRED _____

Date _____

Joint Signature: _____

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



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Retirement SystemMAILING ADDRESS | 65 COURT STREET, 16TH FL.
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IMPORTANT: Please enter your banking information below.**Do not submit this form by email.****You may submit your form via fax to (718) 935-4124 or (718) 935-3830.**

Please attach either a voided check or a savings deposit slip.

- If you choose to have EFT deposits made to your checking account, attach to this authorization form one of your personal checks with the word "VOID" written by you in large letters across the check's face. **DO NOT SIGN THE CHECK.**
- If you choose to have deposits made to your savings account, attach to this authorization form a deposit slip bearing your savings account number.

COMPLETE THIS SECTION FOR ELECTRONIC FUNDS TRANSFER

Exact Name of Financial Institution

Type of Account

	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
--	--

Name of Account Holder

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Transit Routing/ABA Number

Must be 9 Numbers

Account Number

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 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.
Retiree's Initials**REQUIRED** _____**RETIREEES EFT AUTHORIZATION**