

REQUIRED

Member Number: 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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You may submit this 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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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

<p>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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REQUIRED - Primary Email Address Secondary Email Address

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Current Job Title Department/School/District

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OFFICIAL DATE OF RECEIPT

<p>BERS USE ONLY</p> <p>_____</p> <p>Processing Date</p>

TRANSFER APPLICATION



REQUIRED Member Number: G Last 4 Digits of SSN Employee Identification Number

Form fields for Member Number, Last 4 Digits of SSN, and Employee Identification Number.



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NEW RETIREMENT SYSTEM

I wish to transfer my membership and Tax Deferred Annuity (TDA; if applicable) to the retirement system as indicated by my selection:

- Checkboxes for retirement systems: NYCTRS, NYCERS, NYSTRS, NYSLERS, and Other.

NEW MEMBERSHIP NUMBER

We require the membership identification number assigned to you by your new retirement system in order to process this application.

New Membership Number

Form field for New Membership Number.

Note: Any residual balances (TDA/AMC) a member is eligible to receive will be refunded to the provided address unless an EFT/Rollover is being provided within the transfer application.

ACKNOWLEDGEMENT

I hereby apply to transfer my membership, and accumulated contributions, if any, credited to me from the Board of Education Retirement System pursuant to section 43 of the Retirement and Social Security Law.

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

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.

Affix official seal in the box below

Large empty box for affixing official seal.

Signature of Notary Public or Commissioner of Deeds

