



**Board of Education** 

NEW YORK, NY 10041

**Retirement System** 

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR

- 1. Make sure you are enrolled in TRS.
- Make sure your contact information is up to date with BERS.
- 3. Make sure this application is notarized.
- 4. You must submit this form to BERS in a timely manner as indicated above.

# **GENERAL INFORMATION**

Identification Number

This form is to be used only by individuals who meet all of the following conditions for one of the two categories outlined below:

Employee

1) a. BERS member on or prior to 12/11/24; and

Last 4 Digits

of SSN

- b. Working in a title represented by the United Federation of Teachers (UFT) on 12/11/24; and
- c. Requesting to transfer to New York City Teachers' Retirement System (NYCTRS) under Chapter 551 of the Laws of 2024.

If you meet these requirements, this form must be received by BERS prior to 12/11/25 to transfer to NYCTRS under Ch 551.

OR

REQUIRED

Member Number: G

- **2)** a. BERS member on or prior to 12/11/24; and
  - b. Begin working in a title represented by the UFT on 12/12/24 or later; and
  - c. Requesting to transfer to NYCTRS under Chapter 551 of the Laws of 2024.

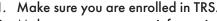
If you meet these requirements, this form must be received by BERS within 1 year of starting work in a title represented by the UFT to transfer to NYCTRS under Ch 551.

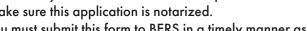
### How to submit this application:

This form can be submitted via our document upload link on nycbers.org. You can scan the QR code for quick access to the Active Member DocUpload portal.

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

## Important:





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City		State	Zip Code
Mailing Address (if different fro	m above)		Apt. No.
City		State	Zip Code
1			
Primary Telephone Number		Secondary T	elephone Number
	Is this a Cell #		
<b>REQUIRED</b> - Primary Email Ad	dress	Secondary I	Email Address
Current Job Title		Department,	/School/District
QF0551		Pa	ige 3 of 4
QF0331			

Prefix			
Mr Mrs Ms Miss	Other		
Name	M.I.	Last Name	
Home/Legal Address			Apt. No.
City		State	Zip Code

REQUIRED	Last 4 Digits
Member Number: G	of SSN

Employee Identification Number



Is this a Cell # 🗌 Yes 🗌 No

**Retirement System** MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR

OFFICIAL DATE OF RECEIPT

**Board of Education** 

NEW YORK, NY 10041

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<b>U</b>
U

CHAPT

**REQUIRED** Member Number: G Last 4 Digits of SSN Employee Identification Number BERS | Board of Education Retirement System MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041

#### 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.

This transfer application serves as my formal notification of my intention to transfer my BERS membership to NYCTRS as outlined in Chapter 551 of the Laws of 2024. I have already established my membership with NYCTRS or will establish such membership within 30 days of submitting this form to BERS. I understand that if my NYCTRS membership has not been established, my request for transfer out will be rejected. Further, I acknowledge that once I submit this form to BERS and join NYCTRS, my election becomes irrevocable.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime.

#### DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature REQUIRED

Date \_

#### **REQUEST FOR TRANSFER**

I hereby request to transfer my BERS membership and Tax Deferred Annuity (TDA), if applicable, to the New York City Teachers' Retirement System.

I understand that if I participate in the Roth TDA, or if my catch-up contributions are required to be Roth contributions, my contributions will be held at BERS until NYCTRS has Roth TDA available for its membership.

State of	Cou	unty of	Affix official seal in the box below
On this	day of	in the year 202	
personally appe	eared before me the said		
to me known to	be the individual descr	ibed in and who executed the	
foregoing docu	ment, and he (she) duly	acknowledged to me that he	
(she) executed t	the same, and the statem	ents contained therein are true.	
Si	gnature of Notary Public or Co	ommissioner of Deeds	