

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

## GENERAL INFORMATION

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

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

- 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](https://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:

1. Make sure you are enrolled in TRS.
2. 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.



# CHAPTER 551 TRANSFER TO NYCTRS

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**REQUIRED**

Member Number: G

Last 4 Digits  
of SSNEmployee  
Identification Number**BERS**Board of Education  
Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

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Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

Name

M.I.

Last Name

Home/Legal Address

Apt. No.

City

State

Zip Code

Mailing Address (if different from above)

Apt. No.

City

State

Zip Code

Primary Telephone Number

Secondary Telephone Number

Is this a Cell #

☐ Yes ☐ No

Is this a Cell #

☐ Yes ☐ No**REQUIRED** - Primary Email Address

Secondary Email Address

Current Job Title

Department/School/District

OFFICIAL DATE OF RECEIPT

**CHAPTER 551 TRANSFER TO NYCTRS**

**REQUIRED**

Member Number: G

Last 4 Digits  
of SSN

Employee  
Identification Number

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**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 \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 202\_\_

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**

