CONVERSION TO BERS ROTH TDA

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

This form can be submitted via our document upload link on nycbers.org.
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

OFFICIAL DATE OF RECEIPT

First Name	M.I.	Last Name

Home/Legal Address	Apt. No.

City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
Is this a Cell # ☐ Yes ☐ No	Is this a Cell # ☐ Yes ☐ No

Work Telephone Number

Extension _____

REQUIRED – Primary Email	Secondary Email

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CONVERSION REQUEST

Please indicate the amount of pre-tax assets to be converted to Roth.

IMPORTANT
Check only one of these options

☐ Percentage to be converted — **Must be a Percent** ____ %

☐ Dollar amount to be converted — **Must be a Dollar Amount** $ ____

Note: Please be aware that converted funds will be deposited into your Roth account according to your current investment allocation(s). **Additionally, please understand that no taxes will be withheld by BERS as part of this conversion**.

ACKNOWLEDGEMENT

I understand that only certain types of distributions are eligible for rollover conversion treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling converting over are in fact eligible for such treatment. I understand the Plan will not be held responsible for any tax penalties that may occur for a transfer of funds ineligible for rollover conversion.

I understand that I may be responsible for tax liabilities associated with this conversion request and I understand that if I choose to withdraw investment earnings (interest) before 5 years, I may be taxed on the investment earnings and/or incur an early withdrawal penalty.

I understand that this conversion will be reported to the IRS on form 1099-R and that I am responsible for any applicable taxes. I also understand that income taxes will not be withheld by BERS.

Please note: BERS does not provide tax advice and TDA participants may want to consult with their tax advisor and/or financial advisor before submitting this form.

My signature indicates that I have read and understand the effect of my election and affirm that all information provided is true and accurate.

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: _____

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

_____

Signature of Notary Public or Commissioner of Deeds