

**REQUIRED**

Member Number: G#

New applicants should leave this blank.

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

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

Prefix

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

Name

M.I.

Last Name

Home/Legal Address

Apt. No.

City

State

Zip Code

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

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

OFFICIAL DATE OF RECEIPT

**ELECTRONIC FUND TRANSFER**

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## ACKNOWLEDGEMENT

I have applied for a \_\_\_\_\_.

I hereby authorize the Board of Education Retirement System to electronically transfer these funds to my account.

Exact Name of Financial Institution

Type of Account

	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Name of Account Holder

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Transit Routing / ABA Number

Account Number

Must be 9 Numbers	
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☐ This is the same EFT account as my payroll check. (Check box if YES)

I understand that any incorrect information provided will affect the transfer of my funds.

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.

\_\_\_\_\_  
*Signature of Notary Public or Commissioner of Deeds*

Affix official seal in the box below

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