

G _____
Last 4 Digits of SSN Employee Identification Number

You may submit this form via email to brespon@bers.nyc.gov.
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

OFFICIAL DATE OF RECEIPT

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Important: If you select the Permanent Address box, you are authorizing BERS to use the address on this form to update your records.

Mailing Address (if different from above)	Apt. No.

City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No

REQUIRED - Primary Email Address	Secondary Email Address

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="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Name of Account Holder

Transit Routing / ABA Number <small>Must be 9 Numbers</small>	Account Number
<input type="text"/>	<input type="text"/>

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.

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

