

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 System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

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You may 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
<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>

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

<small>Must be 9 Numbers</small>	
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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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