

E _____

G _____
Last 4 Digits of SSN Employee Identification Number

LOST CHECK AFFIDAVIT

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

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

REQUIRED - Primary Email Address	Secondary Email Address

OFFICIAL DATE OF RECEIPT

**BERS
USE ONLY**

Processing Date

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Board of Education Retirement System

65 COURT STREET
BROOKLYN, NEW YORK 11201-4965

ACKNOWLEDGEMENT

I, being duly sworn, depose and say that I reside at the above address, am the member/retiree/beneficiary entitled to a benefit from the Board of Education Retirement System of the City of New York, and did not receive the payment dated:

Date of Lost Check	Amount of Check	Check Number
MM / DD / YYYY	\$	

Date of Lost Check	Amount of Check	Check Number
MM / DD / YYYY	\$	

Date of Lost Check	Amount of Check	Check Number
MM / DD / YYYY	\$	

Therefore, I make this affidavit to induce the issuance of a duplicate check in the above said amount.

In the event the said original missing check comes into my hands at any time, I promise to return it immediately to the Division of Pensions, Office of the Comptroller of the City of New York. If at any time it is found that said original check has been cashed by me, I hereby authorize the New York City Office of the Comptroller to deduct the amount of said check from any future payments due me.

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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THE SECTION BELOW SHOULD ONLY BE COMPLETED FOR LOST ROLLOVER CHECKS

I elect to have my lost rollover check/checks sent to the institution specified below:

AUTHORIZATION FOR TRUSTEE-TO-TRUSTEE TRANSFER
UNDER THE UNEMPLOYMENT COMPENSATION AMENDMENT ("UCA")

RELIANCE ON REPRESENTATION

I hereby designate the below named financial institution as transferee of my Eligible Rollover Distribution ("ERD") (as trustee of my individual retirement account or individual retirement annuity), or qualified plan or annuity. To my best belief and understanding, I represent that the designated transferee is in fact an Eligible Retirement Plan ("ERP") and is an IRA or a Qualified Trust or Annuity, and that it will accept the direct transfer for my benefit.

IMPORTANT: PLEASE RECORD THE EXACT NAME AND ADDRESS OF THE ERP INSTITUTION AS YOU WISH IT TO APPEAR ON THE CHECK:

Account Holder Name

IRA Account Number

Name of Institution

Mailing Address (Street)

City

State

Zip Code

Type of Transfer

Rollover IRA Qualified Trust Annuity

Your Initials
REQUIRED _____

