

**REQUIRED**

Member Number: E or G

Last 4 Digits  
of SSNEmployee  
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.

First Name

M.I.

Last Name

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Home/Legal Address

Apt. No.

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City

State

Zip Code

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Mailing Address (if different from above)

Apt. No.

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City

State

Zip Code

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Primary Telephone Number

Secondary Telephone Number

<div>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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**REQUIRED** - Primary Email Address

Secondary Email Address

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OFFICIAL DATE OF RECEIPT

**REQUIRED MINIMUM DISTRIBUTION UPDATE**

<b>REQUIRED</b> Member Number: E or G	Last 4 Digits of SSN	Employee Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>



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## PREFERRED MONTH *(Required Field)*

Month

I would like to received my RMD in

Please note that, if you select payment in November or December, BERS may need to process your RMD earlier in the year, due to the high volume of transactions in November and December.

## FOR MEMBERS WITH MUTIPLE TAX-DEFERRED ANNUITY 403(B) ACCOUNTS

If you have already received a distribution from another Tax Deferred Annuity (TDA) 403(b) account that is equal to the RMD amounts for all your TDA accounts, you may elect not to receive an RMD from your BERS TDA for this calendar year. This election will only apply to this year.

- ☐ I have already received a distribution from another Tax Deferred Annuity (TDA) 403(b) account that is equal to the RMD amounts for all my TDA accounts. I am requesting that BERS not issue an RMD to me this year. I understand that failure to receive my RMDs may result in the IRS assessing an excise tax of 25% of the RMD amount.

Initials

## ELECTION TO WITHHOLD FEDERAL INCOME TAX *(Required field)*

Each Required Minimum Distribution (RMD) is taxable in the year in which it is distributed, and may be subject to state and local taxes. You must complete a Form W-4R and submit it to BERS along with this form. When filling in the Form W-4R, you will be able to elect the rate of federal tax withholding on your RMD. The RMD is a nonperiodic payment. The form W-4R is available on the IRS' website: <https://www.irs.gov/pub/irsrior/fw4r--2022.pdf>

**Note to foreign persons:** If you are a "foreign person" within the meaning of the Internal Revenue Code, the Plan is required by law to withhold 30% of your payment, unless an applicable treaty between the U.S. and your country of residence permits a lower rate. For more information on who qualifies as a "foreign person," you may consult the IRS' website at: <https://www.irs.gov/individuals/international-taxpayers/foreign-persons>.

**Election 1** – I do not want to have federal income tax withheld from my distribution. Note: Even if you elect not to have Federal income tax withheld, you are liable for payment of any Federal income tax that may be due on your distribution.

Initials

**Election 2** – Please withhold federal income tax from my distribution. I wish to have \_\_\_\_\_% Federal income tax withheld from my annuity distributions. Note: Even if you elect to have federal income tax withheld, you are liable for payment of any Federal income tax that may be due on your distribution.

Initials

**Election 3** – I elect to have the default amount of 10% Federal income tax withheld from my annuity distributions.

Initials



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**COMPLETE THIS SECTION FOR PAYMENT METHOD**

My TDA refund should be deposited via EFT to the same account as my pension check. ☐ Yes ☐ No

**If you checked YES, do not fill in your banking information below.**

If you checked **NO**, please enter your banking information below.

Please send my TDA refund via check to the address on file. ☐ Yes ☐ No

**Note:** If you checked YES, do not fill in your banking information below.

**Exact Name of Financial Institution**

**Type of Account** ☐ Checking ☐ Savings

Name of Account Holder

Transit Routing/ABA Number

Account Number

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

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

**You may submit your form via**

**Fax:**

(718) 935-4124 or (718) 935-3830

**BERS DocUpload:**

[www.nycbers.org](http://www.nycbers.org)

**Mail:**

Board of Education Retirement System  
55 Water Street, 50th Floor, New York, NY 10041

**In Person:**

BERS Service Center  
65 Court St., Room 101, Brooklyn, NY 11201



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## ACKNOWLEDGEMENT

I understand that any person who presents a false or fraudulent claim for payment or benefit or knowingly presents false information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

I affirm that all the information I have provided above is true and correct and hereby apply to receive the Required Minimum Distribution based on the updates I have made above.

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.

Affix official seal in the box below

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

