

**REQUIRED**

Member Number: E

Last 4 Digits  
of SSN

Employee  
Identification Number



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.

Title

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

OFFICIAL DATE OF RECEIPT

**REQUIRED** - First Name

M.I. Last Name

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Is the above name a change?  Yes  No

Note: Please submit one of the following documents as proof of the above name change: a Valid ID, passport, a court order or a marriage certificate.

Previous Name (if applicable)

M.I. Last Name

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**You should only fill out this section if you want to update the information below:**

Is this a change?  Yes  No

Is this a change?  Yes  No

Gender

Date of Birth

	MM / DD / YYYY
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**You should only fill out this section if you want to update the information below:**

Is this a change?  Yes  No

Marital Status

Single  Married  Divorced  Widowed  Other \_\_\_\_\_

**You should only fill out this section if you want to update the information below:**

Is this a change?  Yes  No

Social Security Number

Previous Social Security Number

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**RETIREE UPDATE CONTACT INFORMATION**

# RETIREE UPDATE CONTACT INFORMATION

<b>REQUIRED</b> Member Number: E	Last 4 Digits of SSN	Employee Identification Number	<b>BERS</b>   Board of Education Retirement System <b>MAILING ADDRESS   65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Is this a change?  Yes  No

**REQUIRED** - Home/Legal Address Apt. No.

<input type="text"/>	<input type="text"/>
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City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
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City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

**You should only fill out this section if you updated the information above:**

Previous Address Apt. No.

<input type="text"/>	<input type="text"/>
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City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this a change?  Yes  No

Is this a change?  Yes  No

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

Is this a change?  Yes  No

Is this a change?  Yes  No

<b>REQUIRED</b> - Primary Email Address	<b>REQUIRED</b> - Secondary Email Address
<input type="text"/>	<input type="text"/>

**REQUIRED** - Please select your preferred method of communication?

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail
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Retirement System

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

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**ACKNOWLEDGEMENT**

I understand that any person who 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.

This form serves as notice to the Board of Education Retirement System that I want this update/these updates made to my account.

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**

**RETIREEE UPDATE CONTACT INFORMATION**

