

REQUIRED

Member Number: E

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.
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____**REQUIRED** - First Name

M.I. Last Name

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

OFFICIAL DATE OF RECEIPT

You should only fill out this section if you want to update the information below:Is this a change? ☐ Yes ☐ NoIs this a change? ☐ Yes ☐ No

Gender

Date of Birth

MM / DD / YYYY

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

**RETIREE UPDATE CONTACT INFORMATION**

REQUIRED Member Number: E	Last 4 Digits of SSN	Employee Identification Number	 Board of Education Retirement System MAILING ADDRESS 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041

Is this a change? ☐ Yes ☐ No

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

Previous Address

Apt. No.

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City

State

Zip Code

--	--	--

Is this a change? ☐ Yes ☐ No

REQUIRED - Primary Telephone Number

Is this a change? ☐ Yes ☐ No

REQUIRED - Secondary Telephone Number

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

Is this a change? ☐ Yes ☐ No

REQUIRED - Primary Email Address

Is this a change? ☐ Yes ☐ No

REQUIRED - Secondary Email Address

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REQUIRED - Please select your preferred method of communication?

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail
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☐ I agree to receive text messages from BERS regarding my accounts and benefits.



REQUIRED
Member Number: E

Last 4 Digits
of SSN

Employee
Identification Number

BERS

Board of Education
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
NEW YORK, NY 10041

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

