

REQUIRED

Member Number: E#

New applicants should leave this blank.

REQUIREDLast 4 Digits
of SSN**REQUIRED**Employee
Identification Number**BERS**Board of Education
Retirement System**MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
NEW YORK, NY 10041****Do not submit this form by email.****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.**

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

Is this a Cell #

☐ Yes ☐ No

Is this a Cell #

☐ Yes ☐ No**REQUIRED** - Primary Email Address

Secondary Email Address

OFFICIAL DATE OF RECEIPT

RETIREEES EFT AUTHORIZATION

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Board of Education
Retirement System

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

ACKNOWLEDGEMENT

I hereby authorize the Office of the Comptroller of the City of New York, on behalf of the Board of Education Retirement System of the City of New York (BERS), to send my monthly pension and/or Tax Deferred Annuity benefits via Electronic Fund Transfer (EFT) to the bank (designated on page 3) for deposit in my account. I understand that EFT may be made to my accounts whether individual or joint.

If, through an error, an overpayment is credited to my account, I hereby authorize the bank to adjust my account by a deduction equal to the amount of the overpayment and if, in that event, the balance of my bank account is insufficient, I, my joint account holder, my heirs and my estate hereby assume full responsibility upon demand to reimburse BERS to the extent of such overpayment.

This authorization will remain in full force and effect until I have canceled it in writing.

I understand that I must give the Office of the Comptroller and BERS a reasonable period of time to act on this authorization or its cancellation.

**The bank you name must be a member of the Automated Clearinghouse (ask your bank manager about this).*

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 _____

Joint Signature: _____

State of _____ County of _____

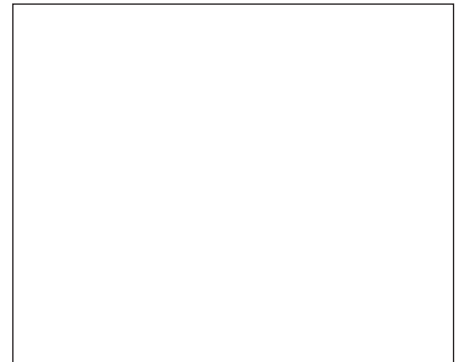
On this _____ day of _____ in the year 20 _____

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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IMPORTANT: Please enter your banking information below.

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Please attach either a voided check or a savings deposit slip.

- If you choose to have EFT deposits made to your checking account, attach to this authorization form one of your personal checks with the word "VOID" written by you in large letters across the check's face. DO NOT SIGN THE CHECK.
- If you choose to have deposits made to your savings account, attach to this authorization form a deposit slip bearing your savings account number.

COMPLETE THIS SECTION FOR ELECTRONIC FUNDS TRANSFER

Exact Name of Financial Institution

Type of Account

	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
--	--

Name of Account Holder

--

Transit Routing/ABA Number

Account Number

Must be 9 Numbers	
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☐ 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.

Retiree's Initials

REQUIRED _____

