

G \_\_\_\_\_  
Last 4 Digits of SSN Employee Identification Number

You may submit this form via email to [brespon@bers.nyc.gov](mailto: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

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

City	State	Zip Code

OFFICIAL DATE OF RECEIPT

**BERS  
USE ONLY**

\_\_\_\_\_  
Processing Date

**Important:** The provided address on this Transfer Application will be used as permanent Member's account address aka (Member Update Contact Information) and authorizes BERS to use this form to update your records.

**Note:** Any residual balances (TDA/AMC) a member is eligible to receive will be refunded to the provided address unless an EFT/Rollover is being provided within the transfer application.

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

<b>REQUIRED</b> - Primary Email Address	Secondary Email Address

Current Job Title	Department/School/District

# TRANSFER APPLICATION

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### NEW RETIREMENT SYSTEM

I wish to transfer my membership and Tax Deferred Annuity (TDA; if applicable) to the retirement system as indicated by my selection:

- New York City Teachers' Retirement System (NYCTRS)
- New York City Employees' Retirement System (NYCERS)
- New York State Teachers' Retirement System (NYSTRS)
- New York State & Local Employees' Retirement System (NYSLERS)
- Other: \_\_\_\_\_

### NEW MEMBERSHIP NUMBER

We require the membership identification number assigned to you by your new retirement system in order to process this application. You must have an established membership with the retirement system that you selected before submitting this application.

New Membership Number

### ACKNOWLEDGEMENT

I hereby apply to transfer my membership, and accumulated contributions, if any, credited to me from the Board of Education Retirement System pursuant to section 43 of the Retirement and Social Security Law. Further, I hereby claim any and all previous service credit to which I am entitled.

**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**

### BERS OFFICIAL USE ONLY

Transferring Member Status:

- |   |  |                                 |   |
|---|--|---------------------------------|---|
| <input type="checkbox"/> Tier 1                         | <input type="checkbox"/> Plan A            | <input type="checkbox"/> Plan B | <input type="checkbox"/> Tier 4 - 55/25 (19) 2008       |
| <input type="checkbox"/> Tier 2                         | <input type="checkbox"/> Plan C            | <input type="checkbox"/> Plan D | <input type="checkbox"/> Tier 4 - 55/27 (19) 2008       |
| <input type="checkbox"/> Tier 2 - 55/25 (96) 1995       | <input type="checkbox"/> Physically Taxing |                                 | <input type="checkbox"/> Tier 4 - 50/25A (560) 2001     |
| <input type="checkbox"/> Tier 2 - 55/25 (19) 2008       |  |                                 | <input type="checkbox"/> Tier 4 - 25/Out SSO (617) 2002 |
| <input type="checkbox"/> Tier 2 - 55/Out SSO (617) 2002 |  |                                 | <input type="checkbox"/> Tier 4 - 55/27 (504) 2009      |
| <input type="checkbox"/> Tier 3 - Age 62                |  |                                 | <input type="checkbox"/> Tier 6 - Age 63                |
| <input type="checkbox"/> Tier 4 - Age 62                |  |                                 | <input type="checkbox"/> Tier 6 - 5/Out SSO (617) 2002  |
| <input type="checkbox"/> Tier 4 - 55/25 (96) 1995       | <input type="checkbox"/> Physically Taxing |                                 | <input type="checkbox"/> Tier 6 - 50/25A (560) 2001     |
| <input type="checkbox"/> Tier 4 - 57/5 (96) 1995        | <input type="checkbox"/> Physically Taxing |                                 |   |

