

REQUIRED

Member Number: G#

New applicants should leave this blank.

REQUIREDLast 4 Digits
of SSN**REQUIRED**Employee
Identification Number**BERS**Board of Education
Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
NEW YORK, NY 10041**TRANSFER APPLICATION**

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

Mailing Address (if different from above)

Apt. No.

City

State

Zip Code

OFFICIAL DATE OF RECEIPT

**BERS
USE ONLY**

Processing Date

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

Is this a Cell #

☐ Yes ☐ No

Is this a Cell #

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

Secondary Email Address

Current Job Title

Department/School/District



REQUIRED Member Number: G# **REQUIRED** Last 4 Digits/SSN **REQUIRED** Employee ID Number



Board of Education
Retirement System

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 | | |

