

G _____
Last 4 Digits of SSN Employee Identification Number

You may submit this form via email to 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

OFFICIAL DATE OF RECEIPT

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Important: If you select the Permanent Address box, you are authorizing BERS to use the address on this form to update your records.

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

City	State	Zip Code

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

REQUIRED - Primary Email Address	Secondary Email Address

Title of New Position	New Appointment Date <small>MM / DD / YYYY</small>	Payroll Bank

City Department	Bureau	Temporary Payroll #



TRANSFERRED CONTRIBUTOR APPLICATION

G _____
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ACKNOWLEDGEMENT

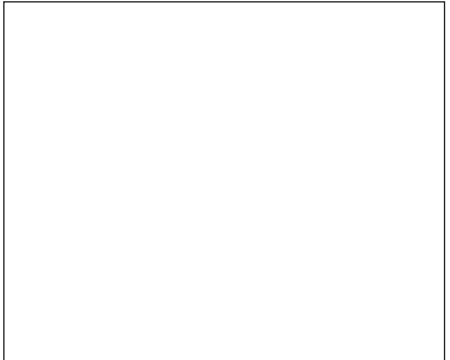
Having resigned my position as (TITLE) _____ in the (BUREAU) _____ on (DATE) _____ and accepted a new position in another New York City Department within 60 days of my resignation, I hereby apply to be registered as a Transferred Contributor. I elect to leave in the Annuity Savings Fund/Member Contribution Accumulation Fund my accumulated contributions and elect to continue to contribute to the said fund at a rate of salary deduction not less than the rate of deduction heretofore required from my salary. I hereby waive and renounce any present or prospective benefit from any other retirement system or association supported wholly or in part by the City of New York.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature _____ **Date** _____
REQUIRED

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.

Affix official seal in the box below



Signature of Notary Public or Commissioner of Deeds

