

REQUIRED
Member Number: G#
New applicants should leave this blank.

REQUIRED
Last 4 Digits
of SSN

REQUIRED
Employee
Identification Number

BERS | Board of Education
Retirement System

MAILING ADDRESS | 65 COURT STREET, 16TH FL.
BROOKLYN, NEW YORK 11201-4965

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

Pretix

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

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

City	State	Zip Code

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

REQUIRED - Primary Email Address	Secondary Email Address

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

City Department	Bureau	Temporary Payroll #

TRANSFERRED CONTRIBUTOR APPLICATION



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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

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

