

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

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

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

Is this a Cell #

☐ Yes ☐ No

Is this a Cell #

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

Secondary Email Address

Title of New Position

New Appointment Date

Payroll Bank

MM / DD / YYYY

City Department

Bureau

Temporary Payroll #



TRANSFERRED CONTRIBUTOR APPLICATION

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Board of Education
Retirement System

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

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.

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

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

