

## REQUIRED

Member Number: G or E

Last 4 Digits  
of SSNEmployee  
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](https://nycbers.org).  
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

REQUIRED - First Name

M.I.

Last Name

OFFICIAL DATE OF RECEIPT

Is the above name a change? ☐ Yes ☐ NoNote: Please submit one of the following documents as proof of the above name change: a Valid ID,  
passport, a court order or a marriage certificate.

Previous Name (if applicable)

M.I.

Last Name

**You should only fill out this section if you want to update the information below:**Is this a change? ☐ Yes ☐ NoIs this a change? ☐ Yes ☐ No

Gender

Date of Birth

MM / DD / YYYY

**You should only fill out this section if you want to update the information below:**Is this a change? ☐ Yes ☐ No

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_**You should only fill out this section if you want to update the information below:**Is this a change? ☐ Yes ☐ No

Social Security Number

Previous Social Security Number



<b>REQUIRED</b> Member Number: G or E	Last 4 Digits of SSN	Employee Identification Number	<b>BERS</b>   Board of Education Retirement System <b>MAILING ADDRESS   55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041</b>

Is this a change? ☐ Yes ☐ No

**REQUIRED** - Primary Telephone Number      Secondary Telephone Number

<div>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
--	--

Is this a change? ☐ Yes ☐ No

**REQUIRED** - Primary Email Address      Secondary Email Address

--	--

Is this a change? ☐ Yes ☐ No

**REQUIRED** - Home/Legal Address      Apt. No.

--	--

City      State      Zip Code

--	--	--

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

--	--

City      State      Zip Code

--	--	--

Previous Address      Apt. No.

--	--

City      State      Zip Code

--	--	--

**REQUIRED** - Please select your preferred method of communication?

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail
--------------------------------	--------------------------------	-------------------------------



**REQUIRED**  
Member Number: G or E

Last 4 Digits  
of SSN

Employee  
Identification Number

**BERS**

Board of Education  
Retirement System

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

### ACKNOWLEDGEMENT

I understand that any person who knowingly presents false information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

I affirm that all the information I have provided above is true and correct.

This form serves as notice to the Board of Education Retirement System that I want this update/these updates made to my account.

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*

