

REQUIRED

Member Number: G or E

Last 4 Digits
of SSN

Employee
Identification Number



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.

Prefix

Mr Mrs Ms Miss Other _____

REQUIRED - First Name

M.I.

Last Name

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Is the above name a change? Yes No

Note: 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

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OFFICIAL DATE OF RECEIPT

You should only fill out this section if you want to update the information below:

Is this a change? Yes No

Is this a change? Yes No

Gender

Date of Birth

MM / DD / YYYY

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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

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<input type="text"/>	<input type="text"/>	<input type="text"/>	

Is this a change? Yes No

REQUIRED - Primary Telephone Number Secondary Telephone Number

<input type="text"/>	Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this a change? Yes No

REQUIRED - Primary Email Address Secondary Email Address

<input type="text"/>	<input type="text"/>
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Is this a change? Yes No

REQUIRED - Home/Legal Address Apt. No.

<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address (if different from above) Apt. No.

<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous Address Apt. No.

<input type="text"/>	<input type="text"/>
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City State Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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REQUIRED - Please select your preferred method of communication?

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail
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BERS | Board of Education Retirement System

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

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.

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

