

E _____

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 _____

REQUIRED - First Name	M.I.	Last Name

Note: If you are updating your name, 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 First Name (if applicable)	M.I.	Previous Last Name (if applicable)

OFFICIAL DATE OF RECEIPT

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

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

Is this a change? Yes No

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

Is this a change? Yes No

REQUIRED - Primary Email Address	Secondary Email Address

E _____	 Board of Education Retirement System 65 COURT STREET BROOKLYN, NEW YORK 11201-4965
G _____ Last 4 Digits of SSN Employee Identification Number	

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

Is this a change? Yes No

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

ACKNOWLEDGEMENT

This form serves as notice to the Board of Education Retirement System that I have moved to the above address.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature _____ 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

