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   55	5 WATER STREET, 50TH FLOOR NEW YORK, NY 10041

This form can be submitted via our document upload link on <u>nycbers.org</u>. You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

Name	M.I.	Last Name			
					_
Home/Legal Address			Apt. No.		OFFICIAL DATE OF RECEIPT
City		State	Zip Code		OFFICIAL D
Please select the appropriate box for the Check one: Permanent Address		ddress. orary Address	5		
Mailing Address (if different from above	/e)		Apt. No.		
City		State	Zip Code		
Daine and Talankana Niverkan		C T -	lh Nlh		
	is a Cell #	Secondary le	lephone Numb	Is this a Cell #	
	Yes 🗌 No			☐ Yes ☐ No	
REQUIRED - Primary Email Address		Secondary Er	mail Address		1
Timekeeper's Name		Timekeeper's	Telephone Nur	mber	
				Is this a Cell #	
Title		Bureau or Sch	nool		

٨	REQUIRED Member Number: G# lew applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	BERS   Board of Education Retirement System MAILING ADDRESS   55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041
	I have taken employme	nt in New York C	ity or State service at	t:
Ag	ency			Start Date  MM / DD / YYY
		y MCAF account	. I acknowledge that	PE ation for the return of accumulated salary deductions by requesting this refund my contributions currently
	,	gible position for	the AMC deductions	s and do hereby make an application for the return AMC Account.
	•			<b>OD</b> I directly on a Trustee to Trustee basis under the difference that the required section (see page 3).
		d to the Internal	Revenue Service as i	on of my refund. I am fully aware that 20% will be income tax withholding to be credited against my e).
	I HEREBY ACKNOWLE			NOTICE REGARDING PLAN PAYMENTS UNDER UCA)
	D	o not sign o	R DATE UNLESS IN I	FRONT OF A NOTARY
	Signature REQUIRED			Date
	State of day of			
1 .	personally appeared befo			
	o me known to be the in- oregoing document, and			
	she) executed the same, a	•	-	
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# AUTHORIZATION FOR TRUSTEE-TO-TRUSTEE TRANSFER UNDER THE UNEMPLOYMENT COMPENSATION AMENDMENT ("UCA")

#### RELIANCE ON REPRESENTATION

I hereby designate the below named financial institution as transferee of my Eligible Rollover Distribution ("ERD") (as trustee of my individual retirement account or individual retirement annuity), or qualified plan or annuity. To my best belief and understanding, I represent that the designated transferee is in fact an Eligible Retirement Plan ("ERP") and is an IRA or a Qualified Trust or Annuity, and that it will accept the direct transfer for my benefit.

## **LIMITATIONS**

I understand that the Board of Education Retirement System will permit only one direct transfer as to each ERD and will not transfer ERD's which total less than \$200.00.

IMPORTANT: PLEASE RECORD THE EXACT NAME AND ADDRESS OF THE ERP INSTITUTION AS YOU WISH IT TO APPEAR ON THE CHECK:

Account Holder Name		
IRA Account Number		
Name of Institution		
Mailing Address (Street)		
City	State	Zip Code
Type of Transfer		
Rollover IRA Qualified Trust Annui	ity	
Your Initials REQUIRED		

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   55	WATER STREET, 50TH FLOOR NEW YORK, NY 10041

COMPLETE THIS SECTION FOR ELECTRONIC FUNDS TRANSFER				
I have applied for a				
My Withdrawal of Accumulated Deductions should be deposited via EFT to the same account as my payroll check. $\square$ YES $\square$ NO				
If you checked YES, do not fill in your banking information below. You may submit this form via our document upload link on nycbers.org. You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.				
If you checked NO, please enter your banking information below. You may submit this form via our document upload link on nycbers.org. You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.				
Exact Name of Financial Institution Typ	e of Account			
	Checking Savings			
Name of Account Holder				
Transit Routing/ABA Number Ad	ccount Number			
I hereby authorize the Board of Education Retirement System to electronically transfer these funds to my account.				
I understand that any incorrect information provided will affect the transfer of my funds.				

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   55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041
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### SPECIAL TAX NOTICE FOR WITHDRAWALS

A payment from the Plan is eligible for "rollover" and can be taken in 2 ways. You can have any taxable portion of your payment either (1) Paid in a "DIRECT ROLLOVER" or (2) Paid in a "DIRECT WITHDRAWAL". This choice may affect your income taxes.

#### **Direct Rollover**

You can choose a direct rollover of all or any portion of your payment. In a direct rollover, your payment is paid directly from the Plan to an individual retirement arrangement. If you choose a direct rollover, you are not taxed on the payment until you withdraw from the individual retirement arrangement.

Once the direct rollover has been made, you will be subject to those terms, conditions and restrictions, including but not limited to any associated charges and costs.

### **Direct Withdrawal**

MANDATORY WITHHOLDING: The Plan is required by law to withhold 20% of your payment, which will be sent to the IRS as income tax withholdings. However, when you prepare your income tax return for the year, you will report the full amount as income from the plan. In addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax may not apply to your payment if it is paid to you because you separate from service with your employer during or after the year you reach age 55. For more detail please see IRS Form 5329 for more information.

Note to foreign persons: If you are a "foreign person" within the meaning of the Internal Revenue Code, the Plan is required by law to withhold 30% of your payment, unless an applicable treaty between the U.S. and your country of residence permits a lower rate. For more information on who qualifies as a "foreign person," you may consult the IRS' website at: https://www.irs.gov/individuals/international-taxpayers/foreign-persons.

SIXTY-DAY ROLLOVER OPTION: If you have your payment paid to you, you can still decide to roll over all or part of it to an individual retirement arrangement. If you decide on a rollover, you must make the rollover within 60 days of receiving the payment. The portion of your payment that is rolled over will not be taxed until you withdraw the individual retirement arrangement.

**Example:** Your payment is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to an individual retirement arrangement. To do this, you roll over the \$8,000 you received from the Plan, and you will have to pay \$2,000 from other sources (ie. savings). In this case, the entire \$10,000, is not taxed until you withdraw the individual retirement arrangement. If you roll over the entire \$10,000, when you file your income tax return you may receive a refund of the \$2,000 withheld as income tax.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)