

TRANSFER APPLICATION

G <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									BOARD OF EDUCATION RETIREMENT SYSTEM OF THE CITY OF NEW YORK 65 COURT STREET BROOKLYN, NEW YORK 11201-4965

PLEASE PRINT

<table border="1" style="width: 100%;"><tr><td style="width: 60%;">First Name</td><td style="width: 5%;">MI</td><td style="width: 35%;">Last Name</td></tr></table>	First Name	MI	Last Name	OFFICIAL DATE OF RECEIPT
First Name	MI	Last Name		
Social Security Number				
Address Apt No.				
City State Zip Code				
() - () - Work Telephone Number Home Telephone Number				
Current Job Title Department / School / District				

NEW RETIREMENT SYSTEM
I wish to transfer my membership and Tax Deferred Annuity (TDA; if applicable) to the retirement system as indicated by my selection:
<input type="checkbox"/> New York City Teacher's Retirement System (NYCTRS)
<input type="checkbox"/> New York City Employee's Retirement System (NYCERS)
<input type="checkbox"/> New York State Teacher's Retirement System (NYSTRS)
<input type="checkbox"/> New York State & Local Employee's Retirement System (NYSLERS)
<input type="checkbox"/> Other: _____

NEW MEMBERSHIP NUMBER
_____ New Membership Identification Number
We require the membership identification number assigned to you by your new retirement system in order to process this application. You must have an established membership with the retirement system that you selected before submitting this application.

ACKNOWLEDGEMENT
I hereby apply to transfer my membership, and accumulated contributions, if any, credited to me from the Board of Education Retirement System pursuant to Section 43 of the Retirement and Social Security Law. Further, I hereby claim any and all previous service credit to which I am entitled.
Signature: _____ Date ___ / ___ / _____

STATE OF _____
COUNTY OF _____

On this ____ day of _____, _____, 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.

WEB

Notary Public or Commissioner of Deeds
(If you have an official seal, please affix it).

TRANSFER APPLICATION

TO BE COMPLETED BY SYSTEM TO WHICH TRANSFER IS REQUESTED

Please verify that the applicant is a member of your Retirement System by completing all of the below information.

NAME OF MEMBER

SOCIAL SECURITY NUMBER

NAME OF RETIREMENT SYSTEM

MEMBERSHIP IDENTIFICATION NUMBER

NAME OF OFFICER

TITLE

Signature: _____

Date ____ / ____ / ____

BERS USE ONLY

Transferring Member Status:

- Tier 1
- Tier 2
- Tier 2 55/25
- Tier 3
- Tier 4
- Tier 4 57/5
- Tier 4 55/25