Subject: Instructions for Transferring Board of Education Retirement System (BERS) Membership to the NYC Police Pension Fund (NYCPPF)

IMPORTANT! If your BERS membership date is before July 1, 2009, call the NYCPPF Membership Services Unit at (212) 693-5850 BEFORE filling out the BERS Transfer Application. If your BERS membership date is after July 1, 2009, complete the BERS Transfer Application – no need to call first.

- Enter all applicable information from “First name” through “Department/School/District.” In the “New Retirement System” section, check “Other” and enter “NYC Police Pension Fund (NYCPPF).”

- Enter your NYCPPF Tax ID # as the “New Membership Identification Number.”

- Sign and date the form, have it notarized, and mail it to:
  NYC Police Pension Fund
  233 Broadway, 25th Fl.
  New York, NY 10279-2501

You may also deliver the completed, notarized form to NYCPPF at 233 Broadway, 19th floor (ID required). NYCPPF will certify the application and forward it to BERS. If all legal requirements have been met, your transfer will be effective on the date BERS receives the application.

- You have a maximum period of one (1) year in which to transfer BERS time to NYCPPF. This period begins on the date you separated from BERS.

- If you have transfer-related questions, contact BERS at (718) 935-5400 (if out of state, call 800-843-5575). You may also call NYCPPF Membership Services at (212) 693-5850.
TRANSFER APPLICATION

First Name ___________ MI ___________ Last Name ___________

XXX — XX — ___________ SSN Last 4 Digits ___________

Employee Identification Number ___________

Address ____________________________________________________________________________

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:

☐ New York City Teacher's Retirement System (NYCTRS)
☐ New York City Employee's Retirement System (NYCERS)
☐ New York State Teacher's Retirement System (NYSTRS)
☐ New York State & Local Employee's Retirement System (NYSLERS)
☐ 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.

Notary Public or Commissioner of Deeds
(If you have an official seal, please affix it)
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: ___________________________ XXX — XX — ________
SSN Last 4 Digits

Name of Retirement System: ___________________________
Membership Identification Number: ___________________________

Name of Office: ___________________________
Title: ___________________________

Signature: ___________________________ Date: ________ / ______ / ______

BERS OFFICIAL USE ONLY

Transferring Member Status:

- Tier 1
- Tier 2
- Tier 2 - 55/25 (96) 1995
- Tier 2 - 55/25 (19) 2008
- Tier 2 - 55/Out SSO (617) 2002
- Tier 3 - Age 62
- Tier 4 - Age 62
- Tier 4 - 55/25 (96) 1995
- Tier 4 - 55/27 (96) 1995
- Tier 4 - 55/25 (19) 2008
- Tier 4 - 55/27 (19) 2008
- Tier 4 - 50/25A (560) 2001
- Tier 4 - 25/Out SSO (617) 2002
- Tier 4 - 55/Out SSO (617) 2002
- Tier 4 - 55/25A (560) 2001
- Tier 4 - 50/25A (560) 2001
- Tier 6 - Age 63
- Tier 6 - 5/Out SSO (617) 2002
- Tier 6 - 50/25A (560) 2001
- Tier 6 - 50/25A (560) 2001
- Tier 6 - 50/25A (560) 2001
- Tier 6 - 50/25A (560) 2001