

BERS

Board of
Education
Retirement
System



LOAN PROGRAM

TAX DEFERRED ANNUITY LOAN PROGRAM

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 _____

First Name	M.I.	Last Name

Bureau

Job Title

OFFICIAL DATE OF RECEIPT

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

Work Telephone Number

Extension _____

REQUIRED – Primary Email	Secondary Email

Are you on the Per Session/Per Diem Payroll (T Bank)? Yes No
If you are on the T Bank Payroll, you must make payments directly to BERS.

LOAN TYPE: CHOOSE ONE BOX IN EACH SECTION

Loan Amount* Maximum or Net Loan Amount \$ _____
*Combined loan amounts cannot exceed \$50,000 unless taken with retirement application.

Repayment Schedule** Repayment Amount \$ _____ or Duration: _____
Months (Maximum 60)

**The minimum loan repayment amount per loan cannot be less than 2% of your gross salary.
Repayments cannot exceed net pay.

TDA LOAN APPLICATION

G _____
Last 4 Digits of SSN Employee Identification Number

COMPLETE THIS SECTION FOR ELECTRONIC FUNDS TRANSFER

My TDA Loan should be deposited via EFT to the same account as my payroll check. YES NO

If you checked YES, do not fill in your banking information below.

You may submit this form via email to brespon@bers.nyc.gov

If you checked NO, please enter your banking information below.

You must submit your form via fax to (718) 935-4124 or (718) 935-3830. Do not submit this form via email.

Exact Name of Financial Institution	Type of Account
<input type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Name of Account Holder
<input type="text"/>

Transit Routing/ABA Number (Must be 9 Numbers)	Account Number
<input type="text"/>	<input type="text"/>

- 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.

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ACKNOWLEDGEMENT

I understand the conditions under which this loan will be calculated, and have received a copy of the TDA Loan Program Pamphlet.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature _____ **Date** _____
REQUIRED

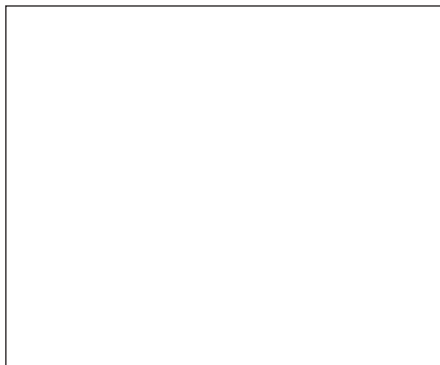
State of _____ County of _____

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 execute 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

TDA LOAN APPLICATION

