

TAX DEFERRED ANNUITY LOAN APPLICATION

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_____ - _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	Active Leave of Absence
Social Security Number	Employee Status		
_____	_____	_____	
First Name	MI	Last Name	
_____			_____
Address			Apt No.
_____	_____	_____	_____
City	State	Zip Code	
(_____) _____ - _____	(_____) _____ - _____		
Work Telephone Number	Home Telephone Number		
_____	_____	T Bank Payroll	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bureau	Job Title	If you are on the T Bank Payroll you must make payments directly to BERS	

OFFICIAL DATE OF RECEIPT

Loan Type: Choose one box in each section

<p style="text-align: center;"><u>Loan Amount</u> *</p> <p> <input type="checkbox"/> Maximum Or <input type="checkbox"/> Net Loan Amount \$ _____ </p> <p style="font-size: small;">* Combined loan amounts cannot exceed \$50,000</p>	<p style="text-align: center;"><u>Repayment Schedule</u> **</p> <p> <input type="checkbox"/> Repayment Amount \$ _____ Or <input type="checkbox"/> Duration _____ Months (Maximum 60) </p> <p style="font-size: small;">** The minimum loan repayment amount per loan cannot be less than 2% of your gross salary.</p>
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If the total of all your outstanding loan(s) [including NYC 457, NYC 401(k), or other NYC 403(b)] is less than \$10,000 you can choose to recast them.

Disclose Loans from any:	<input type="checkbox"/> Recast <input type="checkbox"/> Do not recast
NYC 457 Plan \$ _____	
NYC 401(k) Plan \$ _____	
NYC 403(b) TDA \$ _____	
Total \$ _____	_____ Initials

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

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).

	O F F I C I A L		U S E		O N L Y	
Type:	MAX	<input type="checkbox"/>	LAD	<input type="checkbox"/>	LAR	<input type="checkbox"/>
Service Charges:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Direct Payment	<input type="checkbox"/> (check attached)
Direct Payments:	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	(check yes if not on active payroll)	