## **DESIGNATION OF BENEFICIARY INSTRUCTION SHEET**

To make updates to the beneficiary/ies listed on your account, you will

need to submit a new Designation of Beneficiary form. Please note, only

the latest correctly completed form filed with BERS will be honored at

Any beneficiary designated by you will only be authorized to receive

payment if living at the time the payment is due. If you have not

designated a beneficiary at the time of your death or if none of the

the time of your death.

beneficiaries, designated by you to receive a payment, is living at the time the payment is due, payment will be made to your estate. In determining the existence, identity, ages, and any other facts related to your beneficiaries, whether as a class or otherwise, BERS may rely solely on any affidavit or other written evidence deemed satisfactory to it. Additionally, any payment made by BERS in reliance thereon shall be a valid discharge of BERS obligation with respect to the payment.

**Board of Education** 

**Retirement System** 

NEW YORK, NY 10041

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR

Please submit your Designation of Beneficiary form via our document upload link on nycbers.org. You may also submit the form via fax to (718) 935-4124 or (718) 935-3830.

## Please see the following examples of how to fill out the Designation of Beneficiary application

BENEFICIARY 1

**BENEFICIARY 2** First Name

Sallv

City

Date of Birth

10/15/1963

Mailing Address

New York

22 Main Street

	First Name	М.	I. Last Name		
	Mary	J	J Doe		
	Date of Birth	Relationship to Me		REQUIR	ED - % of Benefit
1. If you would like to designate only one beneficiary, you must do so	MM / DD / YYYY 08/03/1960	Wife		100%	
	Mailing Address				Apt. No.
by entering 100% in the "REQUIRED - % of Benefit" field.	11 Main Street				1A
	City		Stat	le	Zip Code
	New York		N	Y	10101
	REQUIRED – Telephone Number		REQUIRED - Em	ail	
	212-345-6789		mjdoe@gma	il.com	

If more than one beneficiary is selected, you must select one of the following Otherwise or And

Relationship to Me

Daughter

M.L. Last Nam

REQUIRED - % of Benefit

Apt. No.

2B

Zip Code

10101

25%

State

NY

Q Doe

2. If you would like to designate more than one beneficiary you can list your beneficiaries in the Beneficiary Information sections (Beneficiary 1, 2, 3 etc.). In each Beneficiary Information section, enter a percentage to designate how much of the amount payable each beneficiary should receive. The percentage must be listed in the "REQUIRED - % of Benefit" field. Important Note: If a beneficiary is not living at the time of your death, the share designated for them will be payable to your estate. To see an exam the an

designated for them v	REQUIRED - Telephone Number	REQUIRED -	REQUIRED – Email					
example of how to de	212-444-5555	*	sqdoe@gmail.com					
the amount payable, se	ee examples 4, 5,	and 6. I	For example:	If more than one beneficiary is select	ed, you must select on	e of the followi	ng 🗌 Othe	rwise or 🗹 And
BENEFICIARY 1				BENEFICIARY 3				
First Name	M.I. Last Nan	ne		First Name	M	I. Last Name		
Mary	J Doe			Robin		L Doe		
Date of Birth	Relationship to Me	REQU	JIRED - % of Benefit	Date of Birth	Relationship to Me		REQU	IRED - % of Benefit
MM / DD / YYYY 08/03/1960	Wife	50%	6	MM / DD / YYYY 04/30/1965	Son		25%	
Mailing Address	OV.		Apt. No.	Mailing Address				Apt. No.
11 Main Street			1A	66 Main Street				3C
City		State	Zip Code	City		:	State	Zip Code
New York		NY	10101	New York			NY	10101
REQUIRED – Telephone Number	REQUIRED	– Email		REQUIRED - Telephone Number		REQUIRED -	Email	1
212-222-3333	mjdoe@	gmail.cor	n	212-666-7777	•	rldoe@gm	ail.com	
If more than one beneficiary is selected, y	you must select one of the follo	wing □Oth	erwise or 🗹 And	If more than one beneficiary is select	ed, you must select on	e of the followi	ng 🗌 Othe	rwise or 🗌 And
			Ť					

## DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)

BERS | Board of Education Retirement System MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041

REQUIRED - % of Benefit

Apt. No.

2B

Zip Code

10101

33%

State

NY

**REQUIRED** – Email

sqdoe@gmail.com

M.I. Last Nam

Relationship to Me

If more than one beneficiary is selected, you must select one of the following 🗌 Otherwise or 🗹 And

Daughte

Q Doe

3. If you would like to designate equal amounts to your beneficiaries, you must list a percentage in the section "REQUIRED - % of Benefit" for each person. Together all percentages must total 100%. NOTE: BERS will not be able to process fractional designations. Please divide the number 100 by the number of beneficiaries that you have listed. If the answer results in a whole number when you do the division, your designation will be approved. If your answer results in a fractional amount (ex. 33.33%), your designation of beneficiary form will be rejected. You must therefore round up to whole numbers. For example, if you have three beneficiaries, and you wanted to divide your death benefit equally among the three, you will have to choose one of those beneficiaries to receive 1% more than the others. Therefore, Beneficiary #1 would receive 33%, Beneficiary #2 would receive 33% and Beneficiary #3 would have to receive 34%.

BENEFICIARY 1			BENEFICIARY 3		
First Name	M.I. Last N	lame	First Name	M.I. Lo	ist Name
Mary	J Do	De	Robin	L	Doe
Date of Birth	Relationship to Me	<b>REQUIRED</b> - % of Benefit	Date of Birth	Relationship to Me	<b>REQUIRED</b> - % of Benefit
MM / DD / YYYY 08/03/1960	Wife	33%	04/30/1965	Son	34%
Mailing Address		Apt. No.	Mailing Address		Apt. No.
11 Main Street		<b>1A</b>	66 Main Street		3C
City		State Zip Code	City		State Zip Code
New York		NY 10101	New York		NY 10101
REQUIRED - Telephone Number	REQUI	RED – Email	REQUIRED - Telephone Number	REQ	UIRED – Email
212-222-3333	mjdo	e@gmail.com	212-666-7777	rld	oe@gmail.com
If more than one beneficiary is selec	ted, you must select one of the f	ollowing □Otherwise or ☑And	If more than one beneficiary is select	ted, you must select one of tl	<b>ne following</b> □Otherwise or □And

BENEFICIARY 2

First Name

Sally

City

Date of Birth

10/15/1963

Mailing Address

**New York** 

22 Main Street

212-444-5555

REQUIRED - Telephone Numb

4. If you would like to designate a beneficiary to receive the amount payable in the event the prior beneficiary is not living on the due date of such payment include the word "otherwise" after the prior beneficiary is listed. For example:

M.I. Last Name

REQUIRED - % of Benefi

Apt. No

**1B** Zip Code

10101

100%

State NY

REQUIRED - Email

padoe@gmail.com

A Doe

Relationship to Me

If more than one beneficiary is selected, you must select one of the following 🗹 Otherwise or 🗌 And

Mother

BENEFICIARY 1 First Name

Pat

City

Date of Birth

02/10/1941

Mailing Address

New York

212-333-4444

44 Main Street

REQUIRED - Telephone Numb

First Name	M.	. Last N	ame	
Sally	0	Do	e	
Date of Birth	Relationship to Me	<u>.</u>	REQU	IIRED - % of Benefit
MM / DD / YYYY 10/15/1963	Daughter		100	%
Mailing Address				Apt. No.
22 Main Street				2B
City			State	Zip Code
New York	+		NY	10101
REQUIRED – Telephone Number		REQUIRI	<b>D</b> – Email	
212-444-5555		sqdoe(	@gmail.com	
If more than one beneficiary is sel	ected, you must select one	of the fo		
BENEFICIARY 3		of the fo	Ilowing 🗹 Oth	
BENEFICIARY 3		. Last N	Ilowing Oth	
BENEFICIARY 3 First Nome Robin Date of Birth	M.	. Last N	ame	
BENEFICIARY 3 First Name Robin	M.	. Last N	ame	erwise or And
BENEFICIARY 3 First Name Robin Date of Birth MM / DD / YYYY 04/30/1965	M.I Relationship to Me	. Last N	ame REQU	erwise or And
BENEFICIARY 3 First Name Robin Date of Birth MM / DD / YYYY 04/30/1965	M.I Relationship to Me	. Last N	ame REQU	erwise or And IIRED - % of Benefit %
BENEFICIARY 3 First Name Robin Date of Birth 04/30/1965 Mailing Address	M.I Relationship to Me	. Last N	ame REQU	Perwise or ☐ And PIRED - % of Benefit % Apt. No.
BENEFICIARY 3 First Name Robin Date of Birth 04/30/1965 Mailing Address 66 Main Street	M.I Relationship to Me	. Last N	ame P REQL	IRED - % of Benefit % Apt. No. 3C
BENEFICIARY 3 First Name Robin Date of Birth MM / DD / YYYY 04/30/1965 Mailing Address 66 Main Street City	M. L Relationship to Me Son	Last No.	ame B REQL 100	IIRED - % of Benefit % Apt. No. 3C Zip Code

## DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)

BERS | Board of Education Retirement System MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041

M.I. Last Name

Doe

REQUIRED - % of Benefit

Apt. No.

2B

Zip Code

10101

50%

State

NY

REQUIRED - Email

sqdoe@gmail.com

Q

Relationship to Me

If more than one beneficiary is selected, you must select one of the following Otherwise or 🗹 And

Daughter

				BENEFICIARY 2					
				First Name		Last Name			
				Sally	Q	Doe			
	Date of Birth	Relationship to Me		REQUIR	ED - % of Benefit				
		10/15/1963	Daughter		50%				
5. If you would like the	first and second	Mailing Address				Apt. No.			
shares of the amount		22 Main Street				2B			
to receive payment o	nly if neither the	first nor sea	cond beneficiary	City		Stat	le	Zip Code	
is living on the date o	of such payment,	complete t	he form as in the	New York	+	N	Y	10101	
following example:				REQUIRED – Telephone Number	R	EQUIRED - Em	ail		
0 1				212-444-5555	s	qdoe@gmai	I.com		
				If more than one beneficiary is se	If more than one beneficiary is selected, you must select one of the following I Otherwise or And				
							1 I		
BENEFICIARY 1				BENEFICIARY 3					
First Name	M.I. Las	t Name		First Name M.I. Last Name					
Pat	A	Doe		Robin	L	Doe			
Date of Birth	Relationship to Me	REQU	IRED - % of Benefit	Date of Birth	Relationship to Me		REQUIR	ED - % of Benefit	
MM / DD / YYYY 02/10/1941	Mother	50%		04/30/1965	Son	<b>\$</b>	100%		
Mailing Address			Apt. No.	Mailing Address				Apt. No.	
44 Main Street			1B	66 Main Street				3C	
City		State	Zip Code	City		Stat	le	Zip Code	
New York		NY	10101	New York		N	Y	10101	
REQUIRED – Telephone Number	REQU	IIRED – Email	•	REQUIRED – Telephone Number	R	EQUIRED - Em	ail		
212-333-4444 padoe@gmail.com			212-666-7777		rldoe@gmail	.com			
If more than one beneficiary is selected, you must select one of the following Otherwise or And				If more than one beneficiary is selected, you must select one of the following 🗌 Otherwise or 🗌 And				vise or 🗆 And	
f									

**BENEFICIARY 2** 

First Name

Sally

Citv

Date of Birth

10/15/1963

Mailing Address

New York

212-444-5555

22 Main Street

REQUIRED - Telephone Numbe

6. If you would like the second and third beneficiaries to share the amount payable equally, but only if the first beneficiary is not living on the due date of such payment, complete the form as in the following example:

BENEFICIARY 1			BENEFICIARY 3			
First Name	M.I. Las	Name	First Name	M.I.	Last Name	
Robin	L	Doe	Pat	Α	Doe	
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	Date of Birth	Relationship to Me	REQUIRE	D - % of Benefit
MM / DD / YYYY 04/30/1965	Son	100%	02/10/1941	Mother	50%	
Mailing Address		Apt. No.	Mailing Address			Apt. No.
66 Main Street		3C	44 Main Street			1B
City		State Zip Code	City		State	Zip Code
New York	+	NY 10101	New York		NY	10101
REQUIRED – Telephone Number	REQU	IRED – Email	REQUIRED – Telephone Number	RE	QUIRED – Email	
212-666-7777	rldo	e@gmail.com	212-333-4444	pa	doe@gmail.com	
If more than one beneficiary is selec	cted, you must select one of the	following Otherwise or And	If more than one beneficiary is sel	ected, you must select one of	the following □Otherw	ise or 🗌 And