

**REQUIRED**  
Member Number: E#

**REQUIRED**  
Last 4 Digits  
of SSN

**REQUIRED**  
Employee  
Identification Number

**BERS**

Board of Education  
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

Before designating any beneficiaries, please scan the QR code to read the  
"Instructions for Designation of Beneficiary" information sheet  
which is available on the website.

This form can be submitted via our document upload link on [nycbers.org](https://nycbers.org).  
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.



Member Prefix

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other \_\_\_\_\_

Member Name

M.I.

Last Name

Member Gender

Member Date of Birth

MM / DD / YYYY

Member Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_

Member Home/Legal Address

Apt. No.

Member City

State

Zip Code

Member Mailing Address (if different from above)

Apt. No.

Member City

State

Zip Code

Member Primary Telephone Number

Member Secondary Telephone Number

Is this a Cell #  
☐ Yes ☐ No

Is this a Cell #  
☐ Yes ☐ No

**REQUIRED** - Member Primary Email Address


Member Secondary Email Address

OFFICIAL DATE OF RECEIPT



QF2107--

RETIREE DESIGNATION OF BENEFICIARY

<b>REQUIRED</b> Member Number: E#	<b>REQUIRED</b> Last 4 Digits of SSN	<b>REQUIRED</b> Employee Identification Number	 <b>Board of Education Retirement System</b> <b>MAILING ADDRESS   55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041</b>
<div></div>	<div></div>	<div></div>	

To be valid this form must be filed with the Board of Education Retirement System.

BENEFICIARY DESIGNATION

This designation supersedes all previously filed designation of beneficiary selection filed under the Regular Program, and governs only the payment of benefits thereunder.

In accordance with the rules and regulations governing the Board of Education Retirement System, I hereby authorize BERS to cancel any previous beneficiary designation made by me with regard to the following benefit and nominate the beneficiary(ies) named herein to receive such benefits. I reserve the right to change, in a manner prescribed by the Board, any beneficiary designated herein.

Should I fail to execute this form properly my previous designation of beneficiary will remain in full force and effect. Payment of any benefit will be designated according to the last designation which was properly executed, and if no previous designation was filed, payment of any benefit due will be made to my estate.

I understand that any person who presents false or fraudulent information in an application with intent to defraud BERS is guilty of a crime and may be subject to fines and confinement in prison.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below

**REQUIRED**  
Member Number: E#

**REQUIRED**  
Last 4 Digits  
of SSN

**REQUIRED**  
Employee  
Identification Number

**BERS**

Board of Education  
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

# RETIREE DESIGNATION OF BENEFICIARY

## ☐ FRACTIONAL PAYMENT BENEFICIARY DESIGNATION

I elect, in the event of my death the following beneficiary to receive the fractional portion of my retirement allowance for the month in which I die, if any is due. Note: Only one beneficiary is allowed for the Fractional Payment.

### BENEFICIARY

First Name M.I. Last Name

Date of Birth Relationship to Me % of Benefit

Mailing Address Apt. No.

City State Zip Code

**REQUIRED** – Telephone Number **REQUIRED** – Email

### POST RETIREMENT DEATH BENEFIT (CHAPTER 617)

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

#### BENEFICIARY 1

This beneficiary is (Check one) ☐ A Person ☐ My Estate ☐ A Trust ☐ A Charity/Organization

First Name M.I. Last Name


Date of Birth Relationship to Me **REQUIRED** - % of Benefit

Mailing Address Apt. No.

City State Zip Code

**REQUIRED** – Telephone Number **REQUIRED** – Email

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

<b>REQUIRED</b> Member Number: E#	<b>REQUIRED</b> Last 4 Digits of SSN	<b>REQUIRED</b> Employee Identification Number	 <b>Board of Education Retirement System</b> <b>MAILING ADDRESS   55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041</b>
<div></div>	<div></div>	<div></div>	

**POST RETIREMENT DEATH BENEFIT (CHAPTER 617)**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

**BENEFICIARY 2**

This beneficiary is (Check one)    ☐ A Person    ☐ My Estate    ☐ A Trust    ☐ A Charity/Organization

First Name	M.I.	Last Name
<div></div>	<div></div>	<div></div>

Date of Birth <small>MM / DD / YYYY</small>	Relationship to Me	<b>REQUIRED</b> - % of Benefit
<div></div>	<div></div>	<div></div>

Mailing Address	Apt. No.
<div></div>	<div></div>

City	State	Zip Code
<div></div>	<div></div>	<div></div>

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email
<div></div>	<div></div>

If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And
---

**POST RETIREMENT DEATH BENEFIT (CHAPTER 617)**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

**BENEFICIARY 3**

This beneficiary is (Check one)    ☐ A Person    ☐ My Estate    ☐ A Trust    ☐ A Charity/Organization

First Name	M.I.	Last Name
<div></div>	<div></div>	<div></div>

Date of Birth <small>MM / DD / YYYY</small>	Relationship to Me	<b>REQUIRED</b> - % of Benefit
<div></div>	<div></div>	<div></div>

Mailing Address	Apt. No.
<div></div>	<div></div>

City	State	Zip Code
<div></div>	<div></div>	<div></div>

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email
<div></div>	<div></div>

If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And
---

If you wish to list additional beneficiaries, please list these additional beneficiaries on a separate sheet accordingly.

**REQUIRED**  
Member Number: E#

**REQUIRED**  
Last 4 Digits  
of SSN

**REQUIRED**  
Employee  
Identification Number

**BERS**

Board of Education  
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041

# RETIREE DESIGNATION OF BENEFICIARY

☐ **OPTION 3: 5-YEAR CERTAIN/OPTION 4: 10-YEAR CERTAIN**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies), under OPTION 3; 5-Year Certain/OPTION 4: 10-Year Certain.

**PRIMARY BENEFICIARY**

First Name	M.I.	Last Name

Date of Birth MM / DD / YYYY	Relationship to Me	<b>REQUIRED</b> - % of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email

For the above Options, you may select a contingent beneficiary. ☐ Contingent

**OPTION 3: 5-YEAR CERTAIN/OPTION 4: 10-YEAR CERTAIN**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies), under OPTION 3; 5-Year Certain/OPTION 4: 10-Year Certain.

**CONTINGENT BENEFICIARY**

First Name	M.I.	Last Name

Date of Birth MM / DD / YYYY	Relationship to Me	<b>REQUIRED</b> - % of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email

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