

REQUIRED

Member Number: G#

New applicants should leave this blank.

REQUIRED

Last 4 Digits of SSN

REQUIRED

Employee Identification Number



Board of Education Retirement System

MAILING ADDRESS

55 WATER STREET, 50TH FL., NEW YORK, NY 10041

This form can be submitted via our document upload link on 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

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

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

Member Work Telephone Number

_____ Extension _____


REQUIRED - Member Primary Email Address

Member Secondary Email Address

OFFICIAL DATE OF RECEIPT

TIER 6 DESIGNATION OF BENEFICIARY



REQUIRED Member Number: G# <small>New applicants should leave this blank.</small>	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	 Board of Education Retirement System <small>MAILING ADDRESS</small> 55 WATER STREET, 50TH FL., NEW YORK, NY 10041
<input type="text"/>	<input type="text"/>	<input type="text"/>	

You must complete and return this form to BERS to validate your designations. Please scan the QR code to review the "Instructions for Designation of Beneficiary" sheet located on the BERS website.



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. A separate form which is available upon request from the Retirement System is necessary in order to designate a beneficiary to receive benefits under the TDA.

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 my account under the Regular Program and nominate the beneficiary(ies) named herein to receive such benefits, including accumulated member contributions, as may become payable under the plan selected by me. 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 _____

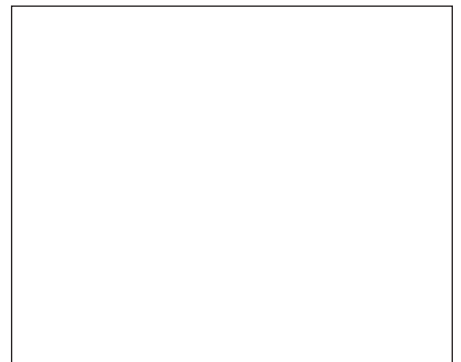
On this _____ day of _____ in the year 20 _____

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



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BERS
OUTREACH

Board of Education
Retirement System

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TIER 6 DESIGNATION OF BENEFICIARY

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**

MM / DD / YYYY		
----------------	--	--

Mailing Address Apt. No.

--	--

City State Zip Code

--	--	--

REQUIRED – Telephone Number **REQUIRED – Email**

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Additional Charity or Trust Information

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

--

BENEFICIARY 2

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**

MM / DD / YYYY		
----------------	--	--

Mailing Address Apt. No.

--	--

City State Zip Code

--	--	--

REQUIRED – Telephone Number **REQUIRED – Email**

--	--

Additional Charity or Trust Information


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

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TIER 6 DESIGNATION OF BENEFICIARY

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BENEFICIARY 3

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

First Name _____ M.I. _____ Last Name _____

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

Mailing Address	Apt. No.

City	State	Zip Code

REQUIRED – Telephone Number	REQUIRED – Email

Additional Charity or Trust Information

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

BENEFICIARY 4

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

First Name _____ M.I. _____ Last Name _____

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

Mailing Address	Apt. No.

City	State	Zip Code

REQUIRED – Telephone Number	REQUIRED – Email

Additional Charity or Trust Information

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



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TIER 6 DESIGNATION OF BENEFICIARY**BENEFICIARY 5**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

MM / DD / YYYY

--	--	--

Mailing Address

Apt. No.

--	--

City

State

Zip Code

--	--	--

REQUIRED – Telephone Number**REQUIRED** – Email

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Additional Charity or Trust Information

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If more than one beneficiary is selected, you must select one of the following Otherwise or And**BENEFICIARY 6**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

MM / DD / YYYY

--	--	--

Mailing Address

Apt. No.

--	--

City

State

Zip Code

--	--	--

REQUIRED – Telephone Number**REQUIRED** – Email

--	--

Additional Charity or Trust Information

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

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

