FDA DESIGNATION OF EFICIARY

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

☐Mr ☐Mrs ☐Ms ☐Miss ☐Other				
Member First Name	M.I. Last Na	me		TEIPT
				OF REC
Member Gender	Member M	arital Status		OFFICIAL DATE OF RECEIPT
Member Home/Legal Address		Apt. No.		Ö
Member City	Stat	e Zip Code		
Please select the appropriate box for the above Check one: Permanent Address 1 Member Mailing Address (if different from above 1)	Temporary Ad	dress Apt. No.		
Member City	Stat	e Zip Code		
	his a Cell #	Member Secondary	Telephone Numl	Is this a Cell #
Member Work Telephone Number	Yes No			☐ Yes ☐ No
		Exte	nsion	
REQUIRED – Member Primary Email		Member Secondary	Email	
		•		

Member Prefix

Signature:

REQUIRED Member Number: E or G	Last 4 Digits of SSN	Employee Identification Number	OUTREACH	Board of Education Retirement System MAILING ADDRESS TH FL., NEW YORK, NY 10041

ACKNOWLEDGEMENT

This designation supersedes all previously filed designation of beneficiary selection filed under the Tax Deferred Annuity Program. In accordance with the rules and regulations governing the BERS Tax Deferred Annuity Program, I hereby authorize BERS to cancel any previous beneficiary designation made by me with regard to my account in the BERS Tax Deferred Annuity Program and nominate the beneficiary(ies) named herein to receive such benefits as may become due after my death. I reserve the right to change, in a manner prescribed by BERS, any beneficiary designation. Should I fail to execute this form properly, 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

Date:

State of	County of	Affix official seal in the box belo
On this day of _	in the year 20	
personally appeared bef	ore me the said	
to me known to be the i	ndividual described in and who execute the	
foregoing document, and	d he (she) duly acknowledged to me that he	
(she) executed the same,	and the statements contained therein are true.	
Signature of I	Notary Public or Commissioner of Deeds	

REQUIRED Member Number: E or G	Last 4 Digits of SSN	Employee Identification N		BER OUTREACH 55 WATER STR	Board of Education Retirement System MAILING ADDRESS EET, 50TH FL., NEW YORK, NY 10041
ENEFICIARY 1					
nis beneficiary is (Check on	e)	•			rity/Organization
rst Name		M.I.	Last Nam	e	
ate of Birth MM / DD / YYYY	Relationship to Me	е		REQU	IRED – % of Benefit
Nailing Address					Apt. No.
ity				State	Zip Code
EQUIRED – Telephone Nu	mber	F	EQUIRED	— Email	
Additional Charity or Trust In	formation				
f more than one beneficiar	v is selected, vou r	nust select one	of the follo	wina 🗆 Othe	erwise or And
	, 10 00100100, 700 1				
ENEFICIARY 2					
nis beneficiary is (Check on	e) A Person	My Estate	A True	st 🗆 A Cho	urity/Organization
rst Name			Last Nam		//gaa
ate of Birth	Relationship to Me	<u>, </u>		RFQII	IRED – % of Benefit
MM / DD / YYYY	Notationally to Mic			in EQU	70 01 Bollolli
Nailing Address					Apt. No.
raining Address					Αρι. 140.
••				C	7: 6 1
ity				State	Zip Code

DA DESIGNATION OF BENEFICIARY

REQUIRED – Telephone Number

Additional Charity or Trust Information

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

REQUIRED - Email

REQUIRED Member Number: E or G	Last 4 Digits of SSN	Employee Identification N		DER OUTREACH 55 WATER STREE	Board of Education Retirement System MAILING ADDRESS ET, 50TH FL., NEW YORK, NY 10041
BENEFICIARY 3					
This beneficiary is (Check on	e) 🗌 A Person	☐ My Estat			rity/Organization
First Name		M.I	. Last Nam	е	
Date of Birth	Relationship to Me	e		REQUI	RED – % of Benefit
MM / DD / YYYY					
Mailing Address					Apt. No.
C:h.				State	7:n Codo
City				Sidle	Zip Code
REQUIRED – Telephone Nu	mber		REQUIRED	— Email	
If more than one beneficiary BENEFICIARY 4 This beneficiary is (Check on First Name	· ·	☐ My Estat		st \square A Chai	rwise or And
Date of Birth	Relationship to Me)		REQUI	RED – % of Benefit
MM / DD / YYYY	·				
Mailing Address					Apt. No.
Maining Madress					7,61.140.
					7: 0 1
City				State	Zip Code
REQUIRED - Telephone Nu	mber		REQUIRED	- Email	
Additional Charity or Trust In	formation				
If more than one beneficiary	y is selected, you n	nust select one	of the follow	wing Other	wise or And

REQUIRED Member Number: E or G		mployee lentification Number	DER OUTREACH 55 WATER STR	Board of Education Retirement System MAILING ADDRESS EET, 50TH FL., NEW YORK, NY 10041
BENEFICIARY 5 This beneficiary is (Check on: First Name	e) 🗌 A Person [☐ My Estate ☐ A M.I. Last N		ırity/Organization
iisi r taine		77	dillo	
Date of Birth MM / DD / YYYY	Relationship to Me		REQU	IRED – % of Benefit
Mailing Address				Apt. No.
City			State	Zip Code
REQUIRED – Telephone Nu	mber	REQUIR	ED — Email	
Additional Charity or Trust In	formation			
If more than one beneficiary BENEFICIARY 6	y is selected, you mus	st select one of the fo	llowing U Othe	erwise or And
This beneficiary is (Check on First Name	e) 🗌 A Person [My Estate A		rity/Organization
Date of Birth	Relationship to Me		REQU	IRED – % of Benefit
MM / DD / YYYY	, , , , , , , , , , , , , , , , , , ,			
Mailing Address			I	Apt. No.

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

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

REQUIRED - Email

REQUIRED – Telephone Number

Additional Charity or Trust Information