REQUIRED Member Number: G# New applicants should leave this blank.	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 <u>nycbers.org</u>. You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.



OFFICIAL DATE OF RECEIPT

Member Prefix					
☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ €	Other				
Member Name	M.I.	L	ast Name)	
Member Gender		Γ		ber Date of Birth	1
			М	M / DD / YYYY	
Member Home/Legal Address				Apt. No.	
Member City			State	Zip Code	
Member Mailing Address (if different for	rom ab	ove)		Apt. No.	
Member City			State	Zip Code	
Member Primary Telephone Number		Sec	ondary T	elephone Numb	er
	s a Cell # 'es 🗌				Is this a Cell # ☐ Yes ☐ No
Member Work Telephone Number					
		Exte	ension		
REQUIRED - Member Primary Email A	Address	Me	mber Sec	condary Email A	ddress

REQUIRED Member Number: G# New applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	BERS MAILING ADDRESS 5	Board of Education Retirement System 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041
To be valid th	nis form must be	filed with the Board of	Education Retireme	nt System.
		ACKNOWLEDGEMENT	Г	
This designation supersed Annuity Program. In according to the BERS Tax Deferred Annuity BERS to the BERS Tax Deferred Annuity Bers as may become due after designation. Should I fail to last designation which was due will be made to my estimated that any pers BERS is guilty of a crime and the supersection.	dance with the rule cancel any previously Program and my death. I reserve o execute this form as properly executate.	les and regulations governious beneficiary designation designation designation designation of the right to change, in a magnetic properly, payment of an ted, and if no previous defalse or fraudulent information.	ning the BERS Tax Deform made by me with ry(ies) named herein the manner prescribed by y benefit will be designation was filed, partion in an application	erred Annuity Program, regard to my account in to receive such benefits BERS, any beneficiary gnated according to the payment of any benefit
D	O NOT SIGN O	R DATE UNLESS IN FRO	NT OF A NOTARY	
Signature:			Date:	
State of			_	al in the box below
On this day of				
personally appeared befo	ore me the said		-	

State of	County of	Affix official seal in the box below
On this day of	in the year 20	
personally appeared before me the	ne said	
to me known to be the individuo	al described in and who execute the	
foregoing document, and he (she	e) duly acknowledged to me that he	
(she) executed the same, and the	statements contained therein are true.	
Signature of Notary Pub	olic or Commissioner of Deeds	

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☐ A Person ☐ My Esto		AILING ADDRESS	55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041
•	ate 🗌 A Trust		
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M.		☐ A Charity,	Organization
	.I. Last Name		
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	ation A Person My Esta M ionship to Me	REQUIRED — ation A Person My Estate A Trust M.I. Last Name ionship to Me REQUIRED —	State Z REQUIRED — Email attion A Person My Estate A Trust A Charity, M.I. Last Name ionship to Me REQUIRED REQUIRED A State REQUIRED REQUIRED REQUIRED REQUIRED — Email

REQUIRED Member Number: G# New applicants should leave this blank.	Last 4 Digits of SSN	REQUIRED Employee Identification N	umber	BER MAILING ADI	ය	Board of Education Retirement System WATER STREET, 50TH FLOOR NEW YORK, NY 10041
BENEFICIARY 3 This beneficiary is (Check o First Name	ne) 🗌 A Person	n			Charity/C	rganization
Date of Birth MM / DD / YYYY	Relationship to M	le	I	REG	QUIRED -	– % of Benefit
Mailing Address					Apt	. No.
City				State	Zip	Code
REQUIRED – Telephone N	umber		REQUIRE	D — Email		
Additional Charity or Trust I		must select on	e of the foll	owing □ O	therwise	or \square And
BENEFICIARY 4 This beneficiary is (Check o	ne) 🗌 A Perso	n	te 🗌 A T I. Last Na		Charity/C)rganization
Date of Birth MM / DD / YYYY	Relationship to M	le		REG	QUIRED -	– % of Benefit
Mailing Address					Apt	. No.
City				State	Zip	Code
REQUIRED – Telephone N	umber		REQUIRE	D — Email		
Additional Charity or Trust I	nformation					
If more than one beneficia	ry is selected, you	must select on	e of the foll	owing 🗆 O	therwise	or \square And

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REQUIRED Member Number: G# New applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Nun	nber	BER MAILING ADDRE	Board of Education Retirement Systems SS 55 WATER STREET, 50TH FL	em OOR
ENEFICIARY 5						
his beneficiary is (Check or	ne) 🗌 A Person				rity/Organization	
irst Name		M.I.	Last Name			
ate of Birth	Relationship to M	e.		REQU	IRED – % of Benefit	
MM / DD / YYYY					,, , , , , , , , , , , , , , , , , , ,	
Nailing Address					Apt. No.	
City				State	Zip Code	
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Additional Charity or Trust II	nformation	'				
If more than one beneficia	ry is selected, you	must select one o	f the follow	ing Othe	rwise or And	
ENEFICIARY 6 his beneficiary is (Check or	ne) 🗌 A Person	n	☐ A Trust	☐ A Cha	rity/Organization	
irst Name	•		Last Name			
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If you wish to list additional beneficiaries, please list these additional beneficiaries on a separate sheet accordingly.

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