

**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 SystemMAILING 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.



OFFICIAL DATE OF RECEIPT

Member Prefix

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

Member Name

M.I.

Last Name

Member Gender

Member Date of Birth

MM / DD / YYYY

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

Secondary Telephone Number

Is this a Cell #

☐ Yes ☐ No

Is this a Cell #

☐ Yes ☐ No

Member Work Telephone Number

Extension \_\_\_\_\_

**REQUIRED** - Member Primary Email Address

Member Secondary Email Address



TDA DESIGNATION OF BENEFICIARY

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Employee  
Identification Number

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**Board of Education  
Retirement System**

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

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

## 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**

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 execute 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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Retirement SystemMAILING ADDRESS | 55 WATER STREET, 50TH FLOOR  
NEW YORK, NY 10041**TDA 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

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Date of Birth

Relationship to Me

**REQUIRED – % of Benefit**

MM / DD / YYYY

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Mailing Address

Apt. No.

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City

State

Zip Code

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**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**

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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

<b>REQUIRED</b> Member Number: G# <small>New applicants should leave this blank.</small>	<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>	

### 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 – % of Benefit</b>
<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 – Telephone Number</b>	<b>REQUIRED – Email</b>
<div></div>	<div></div>

Additional Charity or Trust Information
<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
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### BENEFICIARY 4

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 – % of Benefit</b>
<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 – Telephone Number</b>	<b>REQUIRED – Email</b>
<div></div>	<div></div>

Additional Charity or Trust Information
<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
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NEW YORK, NY 10041**TDA 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

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Date of Birth

Relationship to Me

**REQUIRED – % of Benefit**

MM / DD / YYYY

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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

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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

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

