

TDA DESIGNATION OF BENEFICIARY

G _____
Last 4 Digits of SSN Employee Identification Number

BEFORE DESIGNATING ANY BENEFICIARIES, PLEASE READ THE INSTRUCTION SHEET

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.

DO NOT SIGN OR DATE UNLESS IN FRONT OF A NOTARY

Signature: _____ Date: _____

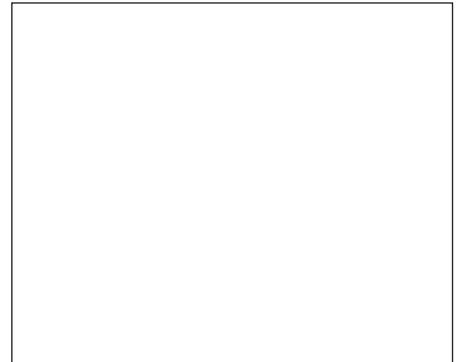
State of _____ County of _____

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.

Affix official seal in the box below



Signature of Notary Public or Commissioner of Deeds

Do not sign unless in front of a notary



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TDA DESIGNINATION OF BENEFICIARY

BENEFICIARY 1

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

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

BENEFICIARY 2

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

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

TDA DESIGNATION OF BENEFICIARY



Board of Education
Retirement System

65 COURT STREET

BROOKLYN, NEW YORK 11201-4965

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BENEFICIARY 3

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

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

BENEFICIARY 4

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

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

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BENEFICIARY 5

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

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

BENEFICIARY 6

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

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.