

**REQUIRED**  
Member Number: G#

**REQUIRED**  
Last 4 Digits  
of SSN

**REQUIRED**  
Employee  
Identification Number

**BERS**

Board of Education  
Retirement System

MAILING ADDRESS | 65 COURT STREET, ROOM 101  
BROOKLYN, NEW YORK 11201-4965

DESIGNATION OF BENEFICIARY UNDER THE REGULAR RETIREMENT PROGRAM - For Members enrolled before July 1, 1973

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.

You may 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

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

OFFICIAL DATE OF RECEIPT



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

**BENEFICIARY DESIGNATION**

This designation supersedes all previously filed designation of beneficiary selections 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 Tax Deferred Annuity Program.

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 I hereby nominate the beneficiary(ies) named to receive such of the amount(s) indicated by check mark in the appropriate boxes pertaining to 1 (a) 2(a) and 1 (b) 2(b) below as may become payable. I reserve the right to change, in a manner prescribed by the Board, any beneficiary designated herein.

- These are separate benefits; you may designate the same or different beneficiaries for each benefit.
- This form may be used to nominate one or more beneficiaries for each benefit.

☐ 1 (a) The total amount of any CASH DEATH BENEFIT allowable on my account in the event of my death, **or**  
 2(a) The pension reserve under Option 1 if such reserve is payable as a presumed retirement death benefit in the event of my death after eligibility for retirement.

☐ 1 (b) The total amount of my ACCUMULATED DEDUCTIONS remaining to my credit (including the value of my Variable Annuity Savings Fund) less any outstanding loan remaining unpaid (if not insured), in the event of my death as a member or former member, or  
 2(b) The annuity reserve under Option 1 if such reserve is payable as a presumed retirement death benefit in the event of my death in service after eligibility for retirement.

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 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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# TIER 1 DESIGNATION OF BENEFICIARY

## DESIGNATION

Note that this form is designed to cover two different amounts which may be payable at your death. Items 1(a) 2(a) and 1(b) 2(b) may be payable in the event of your death in active service. You may designate one set of beneficiaries to receive the death benefit arising from you own salary deductions and another set to receive the death benefit provided by the City's contributions. If that is what you wish to accomplish, you must file at least two Designation of Beneficiary forms. On one check box 1(a) 2(a) and show the appropriate set of beneficiaries. On the other form, check box 1(b) 2(b) and show the appropriate set of beneficiaries. If you want to name only one set of beneficiaries for both benefits, check both boxes 1(a) 2(a) and 1(b) 2(b) on the same form and complete the Beneficiary Designation. Most members check 1(a) 2(a) and 1(b) 2(b) on one form and designate the same beneficiaries for all benefits.

### BENEFICIARY 1

First Name M.I. Last Name

Date of Birth 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 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 3**

First Name	M.I.	Last Name
Date of Birth	Relationship to Me	<b>REQUIRED</b> - % of Benefit
MM / DD / YYYY		
Mailing Address		Apt. No.
City	State	Zip Code
<b>REQUIRED</b> – Telephone Number		<b>REQUIRED</b> – Email
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And		

**BENEFICIARY 4**

First Name	M.I.	Last Name
Date of Birth	Relationship to Me	<b>REQUIRED</b> - % of Benefit
MM / DD / YYYY		
Mailing Address		Apt. No.
City	State	Zip Code
<b>REQUIRED</b> – Telephone Number		<b>REQUIRED</b> – Email
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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# TIER 1 DESIGNATION OF BENEFICIARY

## BENEFICIARY 5

First Name M.I. Last Name

Date of Birth 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 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.

