

G _____
Last 4 Digits of SSN Employee Identification Number

You may submit this form via email to brespon@bers.nyc.gov.
You may also submit this form via fax to (718) 935-4124 or (718) 935-3830.

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

Prefix

Mr Mrs Ms Miss Other _____

Name	M.I.	Last Name

Gender	Date of Birth
	MM / DD / YYYY

Marital Status

Single Married Divorced Widowed Other _____

Home/Legal Address	Apt. No.

City	State	Zip Code

Please select the appropriate box for the above address.

Check one: Permanent Address Temporary Address

Important: If you select the Permanent Address box, you are authorizing BERS to use the address on this form to update your records.

Mailing Address (if different from above)	Apt. No.

City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is this a Cell #</small>

Work Telephone Number

_____ Extension _____

REQUIRED - Primary Email Address	Secondary Email Address

OFFICIAL DATE OF RECEIPT

TIER 2 DESIGNATION OF BENEFICIARY



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To be valid this form must be filed with the Board of Education Retirement System.
Before designating any beneficiaries, please read the "Instructions for Designation of Beneficiary" informational sheet which can be found on the website.

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(a) and(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.

- (a) The total amount of the DEATH BENEFIT provided under the plan selected by me in accordance with Section 448 of Article 11 of the Retirement and Social Security Law.
- (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.

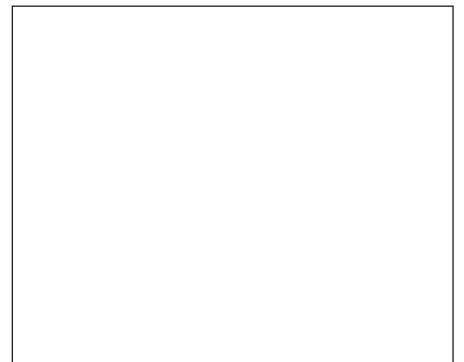
Should I fail to execute this form properly my previous designation of beneficiary will remain in full force and effect. Payment of any benefit will be designated according to the last designation which was properly executed, and if no previous designation was filed, payment of any benefit due will be made to my estate.

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 executed 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



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DESIGNATION

Note that this form is designed to cover two different amounts which may be payable at your death. Items (a) and (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 (a) and show the appropriate set of beneficiaries. On the other form, check box (b) and show the appropriate set of beneficiaries. If you want to name only one set of beneficiaries for both benefits, check both boxes (a) and (b) on the same form and complete the Beneficiary Designation. Most members check (a) and (b) on one form and designate the same beneficiaries for all benefits.

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

TIER 2 DESIGNATION OF BENEFICIARY



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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.

TIER 2 DESIGNATION OF BENEFICIARY

