REQUIRED Member Number: G# New applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number		Board of Education Retirement System
			MAILING ADDRESS 55	5 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. 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			Memb	per Date of Birtl	h
			MN	/ / DD / YYYY	
Member Marital Status					
☐ Single ☐ Married ☐ Divorced	□Wio	dowed	Other		
Member Home/Legal Address				Apt. No.	
Member City			State	Zip Code	
Member Mailing Address (if different f	rom abo	ve)		Apt. No.	
Member City			State	Zip Code	
Member Primary Telephone Number		Seco	ndary Tele	phone Numbe	r
Is this a	Cell #				Is this a Cell #
Member Work Telephone Number					
		Fyt	ension		

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QF2109	

REQUIRED - Member Primary Email Address

Member Secondary Email Address

Signature: _

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
To be valid th	is form must be f	filed with the Board of I	Education Retirement System.

BENEFICIARY DESIGNATION

This designation supersedes all previously filed designation of beneficiary selection 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 TDA.

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 nominate the beneficiary(ies) named herein to receive such benefits, including accumulated member contributions, as may become payable under the plan selected by me. I reserve the right to change, in a manner prescribed by the Board, any beneficiary designated herein.

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

Date: _

State of	County of	Affix official seal in the b
On this day of	in the year 20	-
personally appeared b	efore me the said	-
to me known to be the	individual described in and who executed th	е
foregoing document, a	nd he (she) duly acknowledged to me that h	е
(she) executed the same	e, and the statements contained therein are true	е.
		-
Signature d	Notary Public or Commissioner of Deeds	L

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4
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Board of Education Retirement System

				MAILING ADDI	NEW YORK, NY 1004
SENEFICIARY 1 his beneficiary is (Checl irst Name	c one) □ A Person [,	re 🗌 A T . Last No		arity/Organization
Date of Birth MM / DD / YYYY	Relationship to Me			REQU	JIRED - % of Benefit
Mailing Address					Apt. No.
Tuning / Tuaress					7(ρ). 140.
City				State	Zip Code
REQUIRED - Telephone	Number		REQUIRE	D — Email	
Additional Charity or Tru	st Information				
ENEFICIARY 2 his beneficiary is (Checlirst Name	c one) □ A Person [☐ My Esta M.			arity/Organization
Date of Birth MM / DD / YYYY	Relationship to Me			REQU	JIRED – % of Benefit
					A N.
Nailing Address					Apt. No.
City				State	Zip Code
EQUIRED – Telephone	Number		REQUIRE	D — Email	1
^	f				
Additional Charity or Tru	SI IIIIOIIIIUIION				
It more than one benefi	ciary is selected, you mus	st select one	of the foll	l owing ∟Oth	erwise or ∟And

REQUIRED

Member Number: G#

New applicants should leave this blank.

REQUIRED

Last 4 Digits

of SSN

REQUIRED

Employee

Identification Number

TIER 4/6 DESIGNATION OF BENEFICIARY

REQUIRED Member Number: G# New applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Num	ber -	BERS MAILING ADDRESS	Board of Education Retirement System 55 WATER STREET, 50TH FLOOR NEW YORK, NY 10041
BENEFICIARY 3					
This beneficiary is (Check o	ne) 🗌 A Persor	n My Estate	☐ A Trust	☐ A Charity	y/Organization
First Name		M.I.	Last Name		
Date of Birth MM / DD / YYYY	Relationship to M	е		REQUIR	ED – % of Benefit
Mailing Address					Apt. No.
City				State	Zip Code
REQUIRED – Telephone Ni	umber	DF	QUIRED -	. Email	
REGOINED - Telephone 11	ombei	KL	QUIKLD -	LIIIGII	
Additional Charity or Trust I		must select one o	f the follow	ing Otherw	ise or And
BENEFICIARY 4 This beneficiary is (Check o First Name	ne) 🗌 A Persor	n	☐ A Trust Last Name	☐ A Charit	y/Organization
Date of Birth	Relationship to M	Δ	<u> </u>	REQUIR	ED – % of Benefit
MM / DD / YYYY		<u> </u>			75 GT 20110111
A A -11- A 1 1					A . N.
Mailing Address					Apt. No.
City				State	Zip Code
REQUIRED – Telephone N	umber	RE	QUIRED -	· Email	
Additional Charity or Trust I	nformation				
If more than one beneficia	ry is selected, you	must select one o	f the follow	ing □Otherw	ise or And

Member Number: G# New applicants should leave this blank.	REQUIRED Last 4 Digits of SSN	REQUIRED Employee Identification Number	BER	Board of Education Retirement System ORESS 55 WATER STREET, 50TH FLOOR
			MAILING ADI	NEW YORK, NY 10041
BENEFICIARY 5				
This beneficiary is (Check o	ne) 🗌 A Person	•		narity/Organization
First Name		M.I. Last No	me	
D . (D: 1	D I .: 1: . A4		250	
Date of Birth MM / DD / YYYY	Relationship to Me	9	REG	UIRED – % of Benefit
Mailing Address				Apt. No.
City			State	Zip Code
REQUIRED – Telephone Nu	umber	REQUIRE	D — Email	
Additional Charity or Trust I	nformation			
If more than one beneficia	ry is selected, you r	must select one of the foll	owing \Box Ot	herwise or \square And
	ry is selected, you r	must select one of the foll	owing \square Ot	herwise or 🗆 And
BENEFICIARY 6	_			
	_		rust 🗆 A C	
BENEFICIARY 6 This beneficiary is (Check o	_	□ My Estate □ A T	rust 🗆 A C	
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth	_	My Estate A T	rust 🗌 A C	
BENEFICIARY 6 This beneficiary is (Check or First Name	ne) 🗌 A Person	My Estate A T	rust 🗌 A C	harity/Organization
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth	ne) 🗌 A Person	My Estate A T	rust 🗌 A C	harity/Organization
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth MM / DD / YYYY Mailing Address	ne) 🗌 A Person	My Estate A T	rust	UIRED – % of Benefit Apt. No.
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth MM / DD / YYYY	ne) 🗌 A Person	My Estate A T	rust 🗌 A C	harity/Organization UIRED – % of Benefit
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth MM / DD / YYYY Mailing Address City	Relationship to Me	My Estate A T	rust	UIRED – % of Benefit Apt. No.
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth MM / DD / YYYY Mailing Address	Relationship to Me	My Estate A T	rust	UIRED – % of Benefit Apt. No.
BENEFICIARY 6 This beneficiary is (Check or First Name Date of Birth MM / DD / YYYY Mailing Address City	Relationship to Me	My Estate A T	rust	UIRED – % of Benefit Apt. No.

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