

REQUIRED

Member Number: G#

New applicants should leave this blank.

REQUIREDLast 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.
You may also 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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Board of Education
Retirement System

MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
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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 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

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.

Signature of Notary Public or Commissioner of Deeds

Affix official seal in the box below



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NEW YORK, NY 10041****TIER 4/6 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

--	--	--

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**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

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

BENEFICIARY 3

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

--	--

Additional Charity or Trust Information

--

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

BENEFICIARY 4

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



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NEW YORK, NY 10041****TIER 4/6 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

--	--	--

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**BENEFICIARY 6**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

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

