

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.

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 6 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 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.

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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TIER 6 DESIGNATION 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



TIER 6 DESIGNATION OF BENEFICIARY



Board of Education
Retirement System

65 COURT STREET

BROOKLYN, NEW YORK 11201-4965

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Last 4 Digits of SSN

Employee Identification Number

BENEFICIARY 3

First Name

M.I. Last Name

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Date of Birth

Relationship to Me

REQUIRED – % of Benefit

MM / DD / YYYY		
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Mailing Address

Apt. No.

--	--

City

State

Zip Code

--	--	--

REQUIRED – Telephone Number

REQUIRED – Email

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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

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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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.

