

DESIGNATION OF BENEFICIARY INSTRUCTION SHEET

To make updates to the beneficiary/ies listed on your account, you will need to submit a new Designation of Beneficiary form. Please note, only the latest correctly completed form filed with BERS will be honored at the time of your death.

Any beneficiary designated by you will only be authorized to receive payment if living at the time the payment is due. If you have not designated a beneficiary at the time of your death or if none of the

beneficiaries, designated by you to receive a payment, is living at the time the payment is due, payment will be made to your estate. In determining the existence, identity, ages, and any other facts related to your beneficiaries, whether as a class or otherwise, BERS may rely solely on any affidavit or other written evidence deemed satisfactory to it. Additionally, any payment made by BERS in reliance thereon shall be a valid discharge of BERS obligation with respect to the payment.

Please see the following examples of how to fill out the Designation of Beneficiary application

- If you would like to designate only one beneficiary, you must do so by entering 100% in the "REQUIRED - % of Benefit" field.

BENEFICIARY 1

First Name		M.I.	Last Name
Mary		J	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	
08/03/1960	Wife	100%	
Mailing Address			Apt. No.
11 Main Street			1A
City		State	Zip Code
New York		NY	10101
REQUIRED - Telephone Number		REQUIRED - Email	
212-345-6789		mjdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And			

- If you would like to designate more than one beneficiary you can list your beneficiaries in the Beneficiary Information sections (Beneficiary 1, 2, 3 etc.). In each Beneficiary Information section, enter a percentage to designate how much of the amount payable each beneficiary should receive. The percentage must be listed in the "REQUIRED - % of Benefit" field. Important Note: If a beneficiary is not living at the time of your death, the share designated for them will be payable to your estate. To see an example of how to designate an alternate beneficiary to receive the amount payable, see examples 4,5, and 6. For example:

BENEFICIARY 2

First Name		M.I.	Last Name
Sally		Q	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	
10/15/1963	Daughter	25%	
Mailing Address			Apt. No.
22 Main Street			2B
City		State	Zip Code
New York		NY	10101
REQUIRED - Telephone Number		REQUIRED - Email	
212-444-5555		sqdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And			

BENEFICIARY 1

First Name		M.I.	Last Name
Mary		J	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	
08/03/1960	Wife	50%	
Mailing Address			Apt. No.
11 Main Street			1A
City		State	Zip Code
New York		NY	10101
REQUIRED - Telephone Number		REQUIRED - Email	
212-222-3333		mjdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And			

BENEFICIARY 3

First Name		M.I.	Last Name
Robin		L	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	
04/30/1965	Son	25%	
Mailing Address			Apt. No.
66 Main Street			3C
City		State	Zip Code
New York		NY	10101
REQUIRED - Telephone Number		REQUIRED - Email	
212-666-7777		rldoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And			

DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)

3. If you would like to designate equal amounts to your beneficiaries, you must list a percentage in the section "REQUIRED - % of Benefit" for each person. Together all percentages must total 100%. NOTE: BERS will not be able to process fractional designations. Please divide the number 100 by the number of beneficiaries that you have listed. If the answer results in a whole number when you do the division, your designation will be approved. If your answer results in a fractional amount (ex. 33.33%), your designation of beneficiary form will be rejected. You must therefore round up to whole numbers. For example, if you have three beneficiaries, and you wanted to divide your death benefit equally among the three, you will have to choose one of those beneficiaries to receive 1% more than the others. Therefore, Beneficiary #1 would receive 33%, Beneficiary #2 would receive 33% and Beneficiary #3 would have to receive 34%.

BENEFICIARY 1

First Name	M.I.	Last Name
Mary	J	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
08/03/1960	Wife	33%
Mailing Address	Apt. No.	
11 Main Street	1A	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-222-3333	mjdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And		

BENEFICIARY 2

First Name	M.I.	Last Name
Sally	Q	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
10/15/1963	Daughter	33%
Mailing Address	Apt. No.	
22 Main Street	2B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-444-5555	sqdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And		

BENEFICIARY 3

First Name	M.I.	Last Name
Robin	L	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
04/30/1965	Son	34%
Mailing Address	Apt. No.	
66 Main Street	3C	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-666-7777	rldoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And		

4. If you would like to designate a beneficiary to receive the amount payable in the event the prior beneficiary is not living on the due date of such payment include the word "otherwise" after the prior beneficiary is listed. For example:

BENEFICIARY 1

First Name	M.I.	Last Name
Pat	A	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
02/10/1941	Mother	100%
Mailing Address	Apt. No.	
44 Main Street	1B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-333-4444	padoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input checked="" type="checkbox"/> Otherwise or <input type="checkbox"/> And		

BENEFICIARY 2

First Name	M.I.	Last Name
Sally	Q	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
10/15/1963	Daughter	100%
Mailing Address	Apt. No.	
22 Main Street	2B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-444-5555	sqdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input checked="" type="checkbox"/> Otherwise or <input type="checkbox"/> And		

BENEFICIARY 3

First Name	M.I.	Last Name
Robin	L	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
04/30/1965	Son	100%
Mailing Address	Apt. No.	
66 Main Street	3C	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-666-7777	rldoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And		

DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)

5. If you would like the first and second beneficiary to receive equal shares of the amount payable and want to list a third beneficiary to receive payment only if neither the first nor second beneficiary is living on the date of such payment, complete the form as in the following example:

BENEFICIARY 1

First Name	M.I.	Last Name
Pat	A	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
02/10/1941	Mother	50%
Mailing Address	Apt. No.	
44 Main Street	1B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-333-4444	padoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And		

BENEFICIARY 2

First Name	M.I.	Last Name
Sally	Q	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
10/15/1963	Daughter	50%
Mailing Address	Apt. No.	
22 Main Street	2B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-444-5555	sqdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input checked="" type="checkbox"/> Otherwise or <input type="checkbox"/> And		

BENEFICIARY 3

First Name	M.I.	Last Name
Robin	L	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
04/30/1965	Son	50%
Mailing Address	Apt. No.	
66 Main Street	3C	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-666-7777	rldoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And		

6. If you would like the second and third beneficiaries to share the amount payable equally, but only if the first beneficiary is not living on the due date of such payment, complete the form as in the following example:

BENEFICIARY 1

First Name	M.I.	Last Name
Robin	L	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
04/30/1965	Son	100%
Mailing Address	Apt. No.	
66 Main Street	3C	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-666-7777	rldoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input checked="" type="checkbox"/> Otherwise or <input type="checkbox"/> And		

BENEFICIARY 2

First Name	M.I.	Last Name
Sally	Q	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
10/15/1963	Daughter	50%
Mailing Address	Apt. No.	
22 Main Street	2B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-444-5555	sqdoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input checked="" type="checkbox"/> And		

BENEFICIARY 3

First Name	M.I.	Last Name
Pat	A	Doe
Date of Birth	Relationship to Me	REQUIRED - % of Benefit
02/10/1941	Mother	50%
Mailing Address	Apt. No.	
44 Main Street	1B	
City	State	Zip Code
New York	NY	10101
REQUIRED - Telephone Number	REQUIRED - Email	
212-333-4444	padoe@gmail.com	
If more than one beneficiary is selected, you must select one of the following <input type="checkbox"/> Otherwise or <input type="checkbox"/> And		