



DESIGNATION OF BENEFICIARY INSTRUCTION SHEET

BERS | Board of Education Retirement System
MAILING ADDRESS | 55 WATER STREET, 50TH FLOOR
NEW YORK, NY 10041

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 submit your Designation of Beneficiary form via our document upload link on nycbers.org. You may also submit the form via fax to (718) 935-4124 or (718) 935-3830.

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

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

BENEFICIARY 1
This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Mary J Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
08/03/1960 111 - 11 - 1111 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

Additional Charity or Trust Information

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

- 2. 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 1
This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Mary J Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
08/03/1960 111 - 11 - 1111 Wife 50%

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

Additional Charity or Trust Information

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
Sally Q Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
10/15/1963 222 - 22 - 2222 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

Additional Charity or Trust Information

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

BENEFICIARY 3
This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Robin L Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
04/30/1965 333 - 33 - 3333 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

Additional Charity or Trust Information

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

This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Mary J Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
08/03/1960 111 - 11 - 1111 Wife 33%

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

Additional Charity or Trust Information

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
Sally Q Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
10/15/1963 222 - 22 - 2222 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

Additional Charity or Trust Information

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

BENEFICIARY 3

This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Robin L Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
04/30/1965 333 - 33 - 3333 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 ridoe@gmail.com

Additional Charity or Trust Information

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

This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Pat A Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
02/10/1941 444 - 44 - 4444 Mother 100%

Mailing Address Apt. No.
44 Main Street 1B

City State Zip Code
New York NY 10101

REQUIRED - Telephone Number **REQUIRED - Email**
212-333-444 padoe@gmail.com

Additional Charity or Trust Information

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
Sally Q Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
10/15/1963 222 - 22 - 2222 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

Additional Charity or Trust Information

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

BENEFICIARY 3

This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Robin L Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED - % of Benefit**
04/30/1965 333 - 33 - 3333 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 ridoe@gmail.com

Additional Charity or Trust Information

If more than one beneficiary is selected, you must select one of the following Otherwise or 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
 This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Pat A Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
02/10/1941 444 - 44 - 4444 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

Additional Charity or Trust Information

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
Sally Q Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
10/15/1963 222 - 22 - 2222 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

Additional Charity or Trust Information

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

BENEFICIARY 3
 This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Robin L Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
04/30/1965 333 - 33 - 3333 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 rido@gmail.com

Additional Charity or Trust Information

If more than one beneficiary is selected, you must select one of the following Otherwise or 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
 This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Robin L Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
04/30/1965 333 - 33 - 3333 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 rido@gmail.com

Additional Charity or Trust Information

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
Sally Q Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
10/15/1963 222 - 22 - 2222 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

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

BENEFICIARY 3
 This beneficiary is (Check one) A Person My Estate A Trust A Charity/Organization

First Name M.I. Last Name
Pat A Doe

Date of Birth Social Security No. Relationship to Me **REQUIRED** - % of Benefit
MM / DD / YYYY
02/10/1941 444 - 44 - 4444 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

Additional Charity or Trust Information

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

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