## **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	a examples of	how to fill o	ut the Designation	of Beneficiary	application
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BENEFICIARY 2 First Name

Sally

Date of Birth

10/15/1963

Mailing Address

22 Main Street

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				
First Name	M.I.	. Last Name		
Mary	J	Doe		
Date of Birth	Relationship to Me		REQU	UIRED - % of Benefit
08/03/1960	Wife	<b>V</b>	100	0%
Mailing Address	.07			Apt. No.
11 Main Street				1A
City			State	Zip Code
New York			NY	10101
REQUIRED - Telephone Number		REQUIRED -	- Email	
212-345-6789		mjdoe@g	mail.co	m
If more than one beneficiary is selected,	you must select one	of the follow	ing 🗆 Oth	nerwise or $\square$ And

Last Name

REQUIRED - % of Benefit

Apt. No.

2B Zip Code 10101

Q Doe

Relationship to Me

Daughter

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 "RE	QUIRED - %	of .	Benefit" f	field.	Important Note:	City				State	Zip Code
If a beneficiary is r	not living at	the	time of y	our/	death, the share	New York				NY	10101
designated for their	m will be po	ayal	ole to yo	our e	state. To see an	REQUIRED - Telephone Numb	er	RE	QUIRED -	- Email	
example of how to	•	•				212-444-5555	•	sc	qdoe@gı	mail.com	l
the amount payable	e, see examp	les -	4, 5, and	l 6. F	or example:	If more than one beneficiary is	selected, you must select	one of	f the follow	ing 🗆 Othe	erwise or And
											Ť
BENEFICIARY 1						BENEFICIARY 3					
First Name		M.I.	Last Name			First Name		M.I.	Last Name		
Mary		J	Doe			Robin		L	Doe		
Date of Birth	Relationship to I	Ие		REQU	RED - % of Benefit	Date of Birth	Relationship to	Ме		REQU	JIRED - % of Benefit
08/03/1960	Wife		6	50%		04/30/1965	Son		6	25%	
Mailing Address		$\mathbf{N}$	P		Apt. No.	Mailing Address					Apt. No.
11 Main Street					1A	66 Main Street					3C
City			Stat	te	Zip Code	City				State	Zip Code
New York	4		N	Y	10101	New York				NY	10101
REQUIRED - Telephone Number		RE	QUIRED - Em	ail	•	REQUIRED - Telephone Numb	er	RE	QUIRED -	- Email	
212-222-3333		m	njdoe@gma	il.com	l .	212-666-7777		rl	ldoe@gn	nail.com	
If more than one beneficiary is selec	ted, you must select	one of	the following	Othe	rwise or And	If more than one beneficiary is	selected, you must select	one of	f the follow	ing Othe	erwise or And
					1						

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## DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)



MAILING ADDRESS | 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965

3. It 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	BENEFICIARY 2 First Name Sally Date of Birth MM / DD / YYYY 10/15/1963 Mailing Address 22 Main Street City New York REQUIRED – Telephone Number 212-444-5555	M.I. Last Name Q Doe Relationship to Me Daughter  REQUIRED sqdoe@g	REQUIRED - % of Benefit
	If more than one beneficiary is selected	, you must select one of the follow	ving ☐ Otherwise or ☑ And
would have to receive 34%.			I
BENEFICIARY 1	BENEFICIARY 3		
First Name M.I. Last Name	First Name	M.I. Last Name	e
Mary J Doe	Robin	L Doe	
Date of Birth Relationship to Me REQUIRED - % of Benefit	Date of Birth  MM / DD / YYYY	Relationship to Me	REQUIRED - % of Benefit
08/03/1960 Wife 33%	04/30/1965	Son	34%
Mailing Address Apt. No.	Mailing Address		Apt. No.
11 Main Street 1A	66 Main Street	N.	3C
City State Zip Code	City	, D'	State Zip Code
New York NY 10101	New York		NY 10101
REQUIRED - Telephone Number REQUIRED - Email	REQUIRED - Telephone Number	REQUIRED	- Email
212-222-3333 mjdoe@gmail.com	212-666-7777	rldoe@g	mail.com
If more than one beneficiary is selected, you must select one of the following ☐ Otherwise or ☑ And	If more than one beneficiary is selected	, you must select one of the follow	wing □ Otherwise or □ And
<u> </u>			
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 2 First Name Sally Date of Birth MM / DD / YYYY 10/15/1963 Mailing Address 22 Main Street City New York REQUIRED - Telephone Number 212-444-5555  If more than one beneficiary is selected	Required square	REQUIRED - % of Benefit   100%
BENEFICIARY 1 First Name M.I. Last Name	BENEFICIARY 3 First Name	M.I. Last Namo	e
Pat A Doe	Robin	L Doe	
Date of Birth Relationship to Me REQUIRED - % of Benefit	Date of Birth	Relationship to Me	REQUIRED - % of Benefit
02/10/1941 Mother 100%	MM / DD / YYYY 04/30/1965	Son	100%
Mailing Address Apt. No.	Mailing Address	, O V	Apt. No.
44 Main Street 1B	66 Main Street	- 12 m	3C
City State Zip Code	City		State Zip Code
New York NY 10101	New York		NY 10101
		DEOLUCES	
REQUIRED – Telephone Number REQUIRED – Email	REQUIRED – Telephone Number	REQUIRED	
212-333-4444 padoe@gmail.com	212-666-7777	ridoe@g	mail.com
If more than one beneficiary is selected, you must select one of the following \(\sigma\) Otherwise or \(\sigma\) And	If more than one beneficiary is selected	you must select one of the follow	wing Otherwise or OAnd

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## DESIGNATION OF BENEFICIARY INSTRUCTION SHEET (CONT'D)



			BENEFICIARY 2		
			First Name	M.I. Last Na	
			Sally	Q Doe	
			Date of Birth  MM / DD / YYYY	Relationship to Me	REQUIRED - % of Benefit
5 If	C	.C.:	10/15/1963	Daughter	50%
5. If you would like the			Mailing Address		Apt. No.
	1 /	o list a third beneficiary	22 Main Street	N,	2B
	•	nor second beneficiary	City		State Zip Code
_	of such payment, com	plete the form as in the	New York	,37	NY 10101
following example:			REQUIRED - Telephone Number		
			212-444-5555	sqdoe@	gmail.com
			If more than one beneficiary is s	elected, you must select one of the foll	lowing Otherwise or And
					<u>†</u>
BENEFICIARY 1			BENEFICIARY 3		•
First Name	M.I. Last Name		First Name	M.I. Last Na	ime
Pat	A Doe		Robin	L Doe	•
Date of Birth	Relationship to Me	REQUIRED - % of Benefit	Date of Birth	Relationship to Me	REQUIRED - % of Benefit
MM / DD / YYYY 02/10/1941	Mother	50%	MM / DD / YYYY 04/30/1965	Son	100%
Mailing Address	.0	Apt. No.	Mailing Address	.0	Apt. No.
44 Main Street	6/1	1B	66 Main Street		3C
City		State Zip Code	City		State Zip Code
New York	4.7	NY 10101	New York		NY 10101
REQUIRED - Telephone Number	REQUIRED -	Email	REQUIRED - Telephone Number	REQUIRE	D – Email
212-333-4444	padoe@gr	nail.com	212-666-7777		gmail.com
IC			ır .ı l C···	1 . 1 1 61 (1	I . Dol . D. I
If more than one beneficiary is selecte	ed, you must select one of the followi	Ing Uniformise or Mand	if more than one beneficiary is s	elected, you must select one of the foll	lowing   Otherwise or   And
			BENEFICIARY 2		
			First Name	M.I. Last Na	ime
			Colle	Q Doe	
			Sally		
			Date of Birth	Relationship to Me	REQUIRED - % of Benefit
				Relationship to Me	
6. If you would like the	e second and third be	eneficiaries to share the	Date of Birth  MM / DD / YYYY  10/15/1963		REQUIRED - % of Benefit
			Date of Birth	Relationship to Me	REQUIRED - % of Benefit
amount payable eq	ually, but only if the	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street	Relationship to Me	REQUIRED - % of Benefit 50% Apt. No. 2B
amount payable eq living on the due date	ually, but only if the		Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address	Relationship to Me	REQUIRED - % of Benefit 50% Apt. No.
amount payable eq	ually, but only if the	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City	Relationship to Me  Daughter	State   Zip Code   NY   10101
amount payable eq living on the due date	ually, but only if the	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York	Relationship to Me  Daughter  REQUIRE	State   Zip Code   NY   10101
amount payable eq living on the due date	ually, but only if the	first beneficiary is not	Date of Birth    Date of Birth   Date of Birth	Relationship to Me  Daughter  REQUIRE sqdoe@	State   Zip Code   NY   10101   D - Email   Egymail.com   Page   Page
amount payable eq living on the due date	ually, but only if the	first beneficiary is not	Date of Birth    Date of Birth   Date of Birth	Relationship to Me  Daughter  REQUIRE	State   Zip Code   NY   10101   D - Email   Egymail.com   Page   Page
amount payable eq living on the due date following example:	ually, but only if the	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED - Telephone Number  212-444-5555	Relationship to Me  Daughter  REQUIRE sqdoe@	State   Zip Code   NY   10101   D - Email   Egymail.com   Page   Page
amount payable eq living on the due date following example:	jually, but only if the e of such payment, con	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the following the following selection of the followi	Apt. No.  2B  State Zip Code  NY 10101  D - Email  Downing Otherwise or Mand
amount payable eq living on the due date following example:	ually, but only if the e of such payment, con	first beneficiary is not	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D gmail.com
amount payable eq living on the due date following example: BENEFICIARY 1 First Name	ually, but only if the e of such payment, con  M.I. Last Name  L Doe	first beneficiary is not mplete the form as in the	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED - Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat	Relationship to Me  Daughter  REQUIRE  sqdoe@ elected, you must select one of the foll  M.I. Last Na  A Doe	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D gmail.com  Otherwise or And
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth MM / DD / YYYY	M.I. Last Name  L Doe	first beneficiary is not mplete the form as in the required - % of Benefit	Date of Birth    MM / DD / YYYY	Relationship to Me  Daughter  REQUIRE  sqdoe@  elected, you must select one of the foll  M.I. Last Na  A Doe  Relationship to Me	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  Dgmail.com  Otherwise or And
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth  MM / DD / YYYY  04/30/1965	ually, but only if the e of such payment, con  M.I. Last Name  L Doe	first beneficiary is not mplete the form as in the mplete the m	Date of Birth    MM / DD / YYYY	Relationship to Me  Daughter  REQUIRE  sqdoe@ elected, you must select one of the foll  M.I. Last Na  A Doe	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  Dgmail.com  Ilowing Otherwise or And  REQUIRED - % of Benefit  50%
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth 04/30/1965 Mailing Address	M.I. Last Name  L Doe	first beneficiary is not mplete the form as in the mplete the m	Date of Birth    MM / DD / YYYY	Relationship to Me  Daughter  REQUIRE  sqdoe@  elected, you must select one of the foll  M.I. Last Na  A Doe  Relationship to Me	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  Dgmail.com  State Tip Code  NY 10101  D - Email  Dgmail.com  State Tip Code  NY 10101  D - Email  Dgmail.com  State Tip Code  NY 10101  D - Email  Dgmail.com  Apt. No.
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth MM / DO / YTYY 04/30/1965 Mailing Address 66 Main Street	M.I. Last Name  L Doe  Relationship to Me	rirst beneficiary is not mplete the form as in the required - % of Benefit 100%  Apt. No. 3C	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat  Date of Birth  MM / DD / YYYY  02/10/1941  Mailing Address  44 Main Street	Relationship to Me  Daughter  REQUIRE  sqdoe@  elected, you must select one of the foll  M.I. Last Na  A Doe  Relationship to Me	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D gmail.com  Nowing Otherwise or And  REQUIRED - % of Benefit  50%  Apt. No.  1B
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth MM / DD / YYYY 04/30/1965 Mailing Address 66 Main Street City	M.I. Last Name  L Doe  Relationship to Me	REQUIRED - % of Benefit  100%  Apt. No.  3C  State  Zip Code	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED — Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat  Date of Birth  MM / DD / YYYY  02/10/1941  Mailing Address  44 Main Street  City	Relationship to Me  Daughter  REQUIRE  sqdoe@  elected, you must select one of the foll  M.I. Last Na  A Doe  Relationship to Me	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  Dgmail.com  Nowing Otherwise or And  Apt. No.  1B  State Zip Code
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth 04/30/1965 Mailing Address 66 Main Street City New York	M.I. Last Name  L. Doe  Relationship to Me	rirst beneficiary is not implete the form as in the implete the im	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat  Date of Birth  MM / DD / YYYY  02/10/1941  Mailing Address  44 Main Street  City  New York	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na A Doe Relationship to Me  Mother	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D - Email  Owing Otherwise or And  Apt. No.  REQUIRED - % of Benefit  50%  Apt. No.  1B  State Zip Code  NY 10101
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth 04/30/1965 Mailing Address 66 Main Street City New York REQUIRED – Telephone Number	M.I. Last Name  L. Doe  Relationship to Me  Son	REQUIRED - % of Benefit  100%  Apt. No.  3C  State Zip Code  NY 10101  Email	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat  Date of Birth  MM / DD / YYYY  02/10/1941  Mailing Address  44 Main Street  City  New York  REQUIRED – Telephone Number	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na A Doe  Relationship to Me  Mother	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  Domail.com  REQUIRED - % of Benefit  50%  Apt. No.  1B  State Zip Code  NY 10101  D - Email
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth 04/30/1965 Mailing Address 66 Main Street City New York	M.I. Last Name  L. Doe  Relationship to Me	REQUIRED - % of Benefit  100%  Apt. No.  3C  State Zip Code  NY 10101  Email	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED – Telephone Number  212-444-5555  If more than one beneficiary is so  BENEFICIARY 3  First Name  Pat  Date of Birth  MM / DD / YYYY  02/10/1941  Mailing Address  44 Main Street  City  New York	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na A Doe  Relationship to Me  Mother	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D - Email  Owing Otherwise or And  Apt. No.  REQUIRED - % of Benefit  50%  Apt. No.  1B  State Zip Code  NY 10101
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth 04/30/1965 Mailing Address 66 Main Street City New York REQUIRED – Telephone Number	M.I. Last Name  L Doe  Relationship to Me  Son  REQUIRED - ridoe@gn	REQUIRED - % of Benefit  100%  Apt. No.  3C  State Zip Code  NY 10101  Email  nail.com	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED - Telephone Number  212-444-5555  If more than one beneficiary is a series of the s	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na A Doe  Relationship to Me  Mother	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D - Email  Otherwise or And  Apt. No.  1B  State Zip Code  NY 10101  D - Email
amount payable eq living on the due date following example:  BENEFICIARY 1 First Name Robin Date of Birth MM / DD / YYYY 04/30/1965 Mailing Address 66 Main Street  City New York REQUIRED - Telephone Number 212-666-7777	M.I. Last Name  L Doe  Relationship to Me  Son  REQUIRED - ridoe@gn	REQUIRED - % of Benefit  100%  Apt. No.  3C  State Zip Code  NY 10101  Email  nail.com	Date of Birth  MM / DD / YYYY  10/15/1963  Mailing Address  22 Main Street  City  New York  REQUIRED - Telephone Number  212-444-5555  If more than one beneficiary is a series of the s	Relationship to Me  Daughter  REQUIRE Sqdoe@ elected, you must select one of the foll  M.I. Last Na  A Doe Relationship to Me  Mother  REQUIRE padoe@	REQUIRED - % of Benefit  50%  Apt. No.  2B  State Zip Code  NY 10101  D - Email  D - Email  Otherwise or And  Apt. No.  1B  State Zip Code  NY 10101  D - Email

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