

**REQUIRED**

Member Number: E#

New applicants should leave this blank.

**REQUIRED**

Last 4 Digits of SSN

**REQUIRED**

Employee Identification Number



Board of Education Retirement System

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

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You may 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 \_\_\_\_\_

OFFICIAL DATE OF RECEIPT

Home/Legal Address	Apt. No.

City	State	Zip Code

Please select the appropriate box for the above address.

Check one:  Permanent Address  Temporary Address

Mailing Address (if different from above)	Apt. No.


City	State	Zip Code

Primary Telephone Number	Secondary Telephone Number
<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>REQUIRED</b> - Primary Email Address	Secondary Email Address

RETIREE DESIGNATION OF BENEFICIARY



<b>REQUIRED</b> Member Number: E# <small>New applicants should leave this blank.</small>	<b>REQUIRED</b> Last 4 Digits of SSN	<b>REQUIRED</b> Employee Identification Number	 <b>Board of Education Retirement System</b> <b>MAILING ADDRESS   65 COURT STREET, 16TH FL.</b> <b>BROOKLYN, NEW YORK 11201-4965</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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.

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 the following benefit and nominate the beneficiary(ies) named herein to receive such benefits. 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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of SSN**REQUIRED**Employee  
Identification NumberBoard of Education  
Retirement SystemMAILING ADDRESS | 65 COURT STREET, 16TH FL.  
BROOKLYN, NEW YORK 11201-4965**RETIREE DESIGNATION OF BENEFICIARY** **FRACTIONAL PAYMENT BENEFICIARY DESIGNATION**

I elect, in the event of my death the following beneficiary to receive the fractional portion of my retirement allowance for the month in which I die, if any is due. Note: Only one beneficiary is allowed for the Fractional Payment.

**BENEFICIARY**

First Name	M.I.	Last Name

Date of Birth <small>MM / DD / YYYY</small>	Relationship to Me	% of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email

**POST RETIREMENT DEATH BENEFIT (CHAPTER 617)**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

**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 <small>MM / DD / YYYY</small>	Relationship to Me	<b>REQUIRED</b> - % of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email

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

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**Board of Education Retirement System**  
**MAILING ADDRESS | 65 COURT STREET, 16TH FL.**  
**BROOKLYN, NEW YORK 11201-4965**

**POST RETIREMENT DEATH BENEFIT (CHAPTER 617)**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

**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 <small>MM / DD / YYYY</small>	Relationship to Me	<b>REQUIRED</b> - % of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – Email

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

**POST RETIREMENT DEATH BENEFIT (CHAPTER 617)**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies).

**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 <small>MM / DD / YYYY</small>	Relationship to Me	<b>REQUIRED</b> - % of Benefit

Mailing Address	Apt. No.

City	State	Zip Code

<b>REQUIRED</b> – Telephone Number	<b>REQUIRED</b> – 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.

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**REQUIRED**  
Employee  
Identification Number

**BERS** | Board of Education  
Retirement System

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BROOKLYN, NEW YORK 11201-4965

**RETIREE DESIGNATION OF BENEFICIARY**

**OPTION 3: 5-YEAR CERTAIN/OPTION 4: 10-YEAR CERTAIN**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies), under OPTION 3; 5-Year Certain/OPTION 4: 10-Year Certain.

**PRIMARY BENEFICIARY**

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.

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City State Zip Code

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**REQUIRED** – Telephone Number **REQUIRED** – Email

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For the above Options, you may select a contingent beneficiary.  Contingent

**OPTION 3: 5-YEAR CERTAIN/OPTION 4: 10-YEAR CERTAIN**

I elect, in the event of my death after the effective date of my retirement that the benefit shall be paid to the following beneficiary(ies), under OPTION 3; 5-Year Certain/OPTION 4: 10-Year Certain.

**CONTINGENT BENEFICIARY**

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.

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City State Zip Code

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**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