

**REQUIRED**

Member Number: E or G

Last 4 Digits  
of SSN

Employee  
Identification Number



Board of Education  
Retirement System

65 COURT STREET, 16TH FL.

MAILING ADDRESS | BROOKLYN, NEW YORK 11201-4965

**TDA DESIGNATION OF BENEFICIARY**

You may submit this form via fax to (718) 935-4124 or (718) 935-3830.

Member Prefix

Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Member First Name

M.I. Last Name

\_\_\_\_\_

Member Gender

Member Marital Status

\_\_\_\_\_

Member Home/Legal Address

Apt. No.

\_\_\_\_\_

Member City

State

Zip Code

\_\_\_\_\_

Please select the appropriate box for the above address.

Check one:  Permanent Address  Temporary Address

Member Mailing Address (if different from above)

Apt. No.

\_\_\_\_\_

Member City

State

Zip Code

\_\_\_\_\_

Member Primary Telephone Number

Member Secondary Telephone Number

\_\_\_\_\_ Is this a Cell #  Yes  No \_\_\_\_\_ Is this a Cell #  Yes  No

Member Work Telephone Number


\_\_\_\_\_ Extension \_\_\_\_\_

**REQUIRED** – Member Primary Email

Member Secondary Email

\_\_\_\_\_

OFFICIAL DATE OF RECEIPT

<b>REQUIRED</b> Member Number: E or G	Last 4 Digits of SSN	Employee Identification Number	 <b>BERS OUTREACH</b> MAILING ADDRESS   <b>BROOKLYN, NEW YORK 11201-4965</b>	<b>Board of Education Retirement System</b> <b>65 COURT STREET, 16TH FL.</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### ACKNOWLEDGEMENT

This designation supersedes all previously filed designation of beneficiary selection filed under the Tax Deferred Annuity Program. In accordance with the rules and regulations governing the BERS Tax Deferred Annuity Program, I hereby authorize BERS to cancel any previous beneficiary designation made by me with regard to my account in the BERS Tax Deferred Annuity Program and nominate the beneficiary(ies) named herein to receive such benefits as may become due after my death. I reserve the right to change, in a manner prescribed by BERS, any beneficiary designation. Should I fail to execute this form properly, 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 \_\_\_\_\_

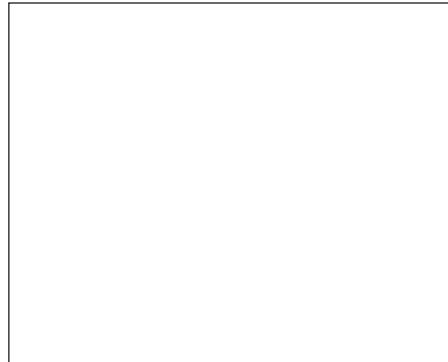
to me known to be the individual described in and who execute the

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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**TDA DESIGNATION OF BENEFICIARY**

**BENEFICIARY 1**

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

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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Additional Charity or Trust Information

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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 2**

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

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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Additional Charity or Trust Information

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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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<input type="text"/>	<input type="text"/>	<input type="text"/>	

### 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  Relationship to Me  **REQUIRED – % of Benefit**

MM / DD / YYYY

Mailing Address  Apt. No.

City  State  Zip Code

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

Additional Charity or Trust Information

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

### BENEFICIARY 4

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

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**

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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**TDA DESIGNATION OF BENEFICIARY**

**BENEFICIARY 5**

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

First Name M.I. Last Name

--	--	--

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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Additional Charity or Trust Information

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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 6**

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

First Name M.I. Last Name

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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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Additional Charity or Trust Information

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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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If you wish to list additional beneficiaries, please list these additional beneficiaries on a separate sheet accordingly.

