REQUIRED

Member Number: G#

Board of Education

Retirement System

BROOKLYN, NEW YORK 11201-4965

MAILING ADDRESS | 65 COURT STREET, 16TH FL.

BEFORE DESIGNATING ANY BENEFICIARIES, PLEASE READ THE INSTRUCTION SHEET

Identification Number

Employee

Last 4 Digits

of SSN

Member Prefix				
Mr Mrs Ms Miss Ot	her			
Member First Name	M.I. Las	t Name		OF RECEIPT
Member Gender	Membe	er Marital S	Status	OFFICIAL DATE OF RECEIPT
Member Home/Legal Address			Apt. No.	
Member City		State	Zip Code	
Member Mailing Address (if different from	m above)		Apt. No.	
Member City		State	Zip Code	
Member Primary Telephone Number	Is this a Cell #		er Secondary Telephone	Number Is this a Cell #
Member Work Telephone Number				
			Extension	
REQUIRED – Member Primary Email		Memb	er Secondary Email	

REQUIRED Member Number: G# Last 4 Digits of SSN Employee Identification Number MAILING ADDRESS | 65 COURT STREET, 16TH FL. BROOKLYN, NEW YORK 11201-4965

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:	
	2 0.01	

State of	County of		Affix official seal in the box below
On this day o	of	in the year 20	
personally appeared	before me the said		
to me known to be t	he individual described i	in and who execute the	
foregoing document,	and he (she) duly ackno	owledged to me that he	
(she) executed the sa	me, and the statements co	ontained therein are true.	
Signature	e of Notary Public or Commissio	oner of Deeds	

	of SSN	Identification Number		MAILING	ADDRESS 65 COURT STREET, 16TH F BROOKLYN, NEW YORK 11201-496
BENEFICIARY 1 This beneficiary is (Check o		My Estato	A Truct		arity (Organization
First Name		M.I. Las			aniy/ Organization
Date of Birth	Relationship to Me	I		REQ	UIRED – % of Benefit
MM / DD / YYYY					
Mailing Address					Apt. No.
City				State	Zip Code
REQUIRED – Telephone N	umber	REQU	JIRED –	Email	I
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	of SSN Identific	ee cation Num	iber	BER MAILING	ADDRESS 65 COURT STREET, 16TH BROOKLYN, NEW YORK 11201-45
BENEFICIARY 5					
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