

REQUIRED

Member Number: G#

Last 4 Digits
of SSN

Employee
Identification Number



Board of Education
Retirement System

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

--	--	--

BEFORE DESIGNATING ANY BENEFICIARIES, PLEASE READ THE INSTRUCTION SHEET

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

--	--	--

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 # <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a Cell # <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

Member Work Telephone Number

	Extension _____
--	-----------------

REQUIRED – Member Primary Email

Member Secondary Email

--	--

OFFICIAL DATE OF RECEIPT

TDA DESIGNATION OF BENEFICIARY

TDA DESIGNATION OF BENEFICIARY

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

TDA DESIGNATION OF BENEFICIARY

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

Date of Birth <small>MM / DD / YYYY</small>	Relationship to Me	REQUIRED – % of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt. No.
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUIRED – Telephone Number	REQUIRED – Email
<input type="text"/>	<input type="text"/>

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

Date of Birth <small>MM / DD / YYYY</small>	Relationship to Me	REQUIRED – % of Benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt. No.
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

REQUIRED – Telephone Number	REQUIRED – Email
<input type="text"/>	<input type="text"/>

Additional Charity or Trust Information

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

REQUIRED
Member Number: G#

Last 4 Digits
of SSN

Employee
Identification Number

BERS | Board of Education
Retirement System

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

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		
----------------	--	--

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 6

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

--

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