

**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

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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

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Gender

Date of Birth

MM / DD / YYYY

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Marital Status

Single  Married  Divorced  Widowed  Other \_\_\_\_\_

OFFICIAL DATE OF RECEIPT

Home/Legal Address

Apt. No.

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City

State

Zip Code

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Please select the appropriate box for the above address.

Check one:  Permanent Address  Temporary Address

Mailing Address (if different from above)

Apt. No.

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City

State

Zip Code

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Primary Telephone Number

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
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Work Telephone Number

Extension \_\_\_\_\_

**REQUIRED** - Primary Email Address

Secondary Email Address

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**TIER 4 DESIGNATION OF BENEFICIARY**

<b>REQUIRED</b> Member Number: G#	Last 4 Digits of SSN	Employee Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

To be valid this form must be filed with the Board of Education Retirement System. Before designating any beneficiaries, please read the "Instructions for Designation of Beneficiary" informational sheet which can be found on the website.

**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. A separate form which is available upon request from the Retirement System is necessary in order to designate a beneficiary to receive benefits under the TDA.

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 my account under the Regular Program and nominate the beneficiary(ies) named herein to receive such benefits, including accumulated member contributions, as may become payable under the plan selected by me. 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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# TIER 4 DESIGNATION OF BENEFICIARY

## BENEFICIARY 1

First Name M.I. Last Name

Date of Birth Relationship to Me **REQUIRED** - % of Benefit

Mailing Address Apt. No.

City State Zip Code

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

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

## BENEFICIARY 2

First Name M.I. Last Name

Date of Birth Relationship to Me **REQUIRED** - % of Benefit

Mailing Address Apt. No.

City State Zip Code

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

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

# TIER 4 DESIGNATION OF BENEFICIARY

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

### BENEFICIARY 3

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

### BENEFICIARY 4

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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**TIER 4 DESIGNATION OF BENEFICIARY**

**BENEFICIARY 5**

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

**BENEFICIARY 6**

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.