



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



## Designation of Beneficiary(ies)

### Post-Retirement Lump-Sum Death Benefit

This application is for those who wish to nominate a beneficiary(ies) to receive a post-retirement lump-sum death benefit. If the designated Primary Beneficiary(ies) predeceases you, the lump-sum payment will be paid to your designated Contingent Beneficiary(ies). If none exists, the lump-sum benefit will be paid to your estate. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** If you have any questions, contact our Call Center at 347-643-3000.

|               |    |                |                      |              |
|---------------|----|----------------|----------------------|--------------|
| Member Number | OR | Pension Number | Last 4 Digits of SSN | Phone Number |
|               |    |                |                      | ( )          |

|            |      |           |
|------------|------|-----------|
| First Name | M.I. | Last Name |
|            |      |           |

in Care of (if applicable)

|  |
|--|
|  |
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|         |             |
|---------|-------------|
| Address | Apt. Number |
|         |             |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

I understand that at the time of my death after retirement, the lump-sum death benefit will be paid to my surviving designated Primary Beneficiary(ies). If the designated Primary Beneficiary(ies) predeceases me, the lump-sum death benefit will be paid to my designated Contingent Beneficiary(ies). If none exists, the lump-sum death benefit will be paid to my estate.

I, the undersigned, nominate as my beneficiary(ies) for the lump-sum death benefit payable on my death after retirement:

|            |      |           |
|------------|------|-----------|
| First Name | M.I. | Last Name |
|            |      |           |

|                             |                            |              |
|-----------------------------|----------------------------|--------------|
| Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|                             | / /                        |              |

|         |             |
|---------|-------------|
| Address | Apt. Number |
|         |             |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Primary Beneficiary

☐ If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage  %

|            |      |           |
|------------|------|-----------|
| First Name | M.I. | Last Name |
|            |      |           |

|                             |                            |              |
|-----------------------------|----------------------------|--------------|
| Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|                             | / /                        |              |

|         |             |
|---------|-------------|
| Address | Apt. Number |
|         |             |

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|      |       |          |

Primary Beneficiary

☐ If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage  %



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Member Number OR Pension Number Last 4 Digits of SSN

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If the foregoing **Primary** beneficiary(ies) should predecease me, I hereby nominate the following as **Contingent** beneficiary(ies) for the above **Post-Retirement Lump-Sum Death Benefit**.

|                               |                             |                            |              |
|-------------------------------|-----------------------------|----------------------------|--------------|
| <b>Contingent Beneficiary</b> | First Name                  | M.I.                       | Last Name    |
|                               |                             |                            |              |
|                               | Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|                               |                             | / /                        |              |
|                               | Address                     |                            | Apt. Number  |
|                               |                             |                            |              |
| City                          |                             | State                      | Zip Code     |
|                               |                             |                            |              |

☐ If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

Percentage  %

☐ I am nominating my Estate as my beneficiary for my post-retirement lump-sum death benefit. I understand that in order for this selection to be valid I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Should I survive all designated beneficiaries, the post-retirement lump-sum death benefit shall be paid to my Estate or to such other beneficiary or beneficiaries as I shall hereafter nominate by filing another designation of beneficiary form with NYCERS.

Signature of Member

Date

|  |  |
|--|--|
|  |  |
|--|--|

(Witnesses necessary only if mark is used for signature)

Witnessed by (1):

|  |
|--|
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|--|

Witnessed by (2):

|  |
|--|
|  |
|--|

**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, personally appeared

before me the above named, \_\_\_\_\_, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_

Official Title \_\_\_\_\_

Expiration Date of Commission \_\_\_\_\_

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**Sign this form and have it notarized, THIS PAGE**