



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



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**Designation of Beneficiary
Tier 1 and 2 Members Only**

This application is for Tier 1 or Tier 2 members who wish to nominate one (or more) beneficiaries to receive a death benefit payable upon the death of a member who dies while in active City service. This benefit is actually two distinct benefits which can be designated to one or more beneficiaries, or to an Estate. To nominate an Estate, in lieu of a specific person or persons, check the Estate box within the specific section (Section A or Section B, or both) but **DO NOT** complete the name, address, relationship or percentage portion of those sections. The Fact Sheet on Page 4 contains a brief overview of these benefits. **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.** For any additional questions, please contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of Social Security #	Date of Birth [MM/DD/YYYY]
		/ /
First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code

Section A - Designation of Ordinary Death Benefit

Tell us who you want to receive your death benefit. You may nominate one or more Primary Beneficiaries, (or one optional Contingent Beneficiary, or your Estate. If you want to nominate more beneficiaries than this space allows, use Form #136 (Supplemental Form to Designate Beneficiaries). If you wish to nominate your Estate for this specific benefit, check the Estate box below and **DO NOT** complete the name, address, etc. portion of Section A.

Estate

I wish to nominate my Estate for this specific benefit. If you check this box **DO NOT** name anyone as Primary or Contingent.

Primary Beneficiary	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 %

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Member Number	Last 4 Digits of SSN

Primary Beneficiary	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 %

Read this before you nominate a Contingent Beneficiary: A Contingent Beneficiary is only eligible if all of the Primary Beneficiaries are deceased at the time this benefit is payable. You do not have to nominate a Contingent Beneficiary, it is strictly optional. If you need additional space - use Form #136 (Supplemental Form to Designate Beneficiaries).

OPTIONAL Contingent Beneficiary	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 %

Section B - Designation of Accumulated Deductions:

Tell us who you want to receive your accumulated deductions benefit. You may nominate one or more Primary Beneficiaries, (or one optional Contingent Beneficiary), or your Estate. If you want to nominate more beneficiaries than this space allows, use Form #136 (Supplemental Form to Designate Beneficiaries). If you wish to nominate your Estate for this specific benefit, check the Estate box below and DO NOT complete the name, address, etc. portion of Section B.

Estate

I wish to nominate my Estate for this specific benefit. If you check this box **DO NOT** name anyone as Primary or Contingent.

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Member Number	Last 4 Digits of SSN

Primary Beneficiary

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 %

Primary Beneficiary

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 %

Read this before you nominate a Contingent Beneficiary: A Contingent Beneficiary is only eligible if all of the Primary Beneficiaries are deceased at the time this benefit is payable. You do not have to nominate a Contingent Beneficiary, it is strictly optional. If you need additional space - use Form # 136 (Supplemental Form to Designate Beneficiaries).

OPTIONAL Contingent Beneficiary

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 %

Please read the Fact Sheet on Page 4. You must also sign this form and have it notarized before filing it with NYCERS. Sign this form and have it notarized, Page 4



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FACT SHEET

Can you explain the two benefits?

If you should die while in active City service, the person you nominate as your beneficiary is eligible to collect a death benefit (typically some multiple of your annual salary) and the refund of your accumulated deductions (contributions) plus the interest they have accrued.

Can the same person receive both benefits?

You do not have to name the same person, but you can - the choice is yours. You can nominate one or more people (or your Estate) to receive the death benefit and the refund of the accumulated deductions. If you nominate more than one person each will be paid according to the percentages you indicate on this form (combined percentages must total 100%). If no percentages are indicated, the benefits will be shared equally.

What happens if I want to nominate more beneficiaries than this form has allotted me?

This forms allows for only two Primary and one Contingent beneficiaries for each benefit. If you want to nominate more than that you can file Form # 136 which is the Supplemental Form to Designate Beneficiaries.

What happens if I want to nominate my estate rather than a person?

All you have to do is check off the Estate box in the appropriate Section (A or B or both). For example, you could nominate your Estate for the death benefit (Section A) and a specific person for the refund of your accumulated deductions (Section B). However, if you select Estate for either or both benefits you must leave the name, address and relationship information blank in each section.

Do the people I have listed here act as my nomination for all benefits?

No. You are nominating people (or your Estate) only for this specific benefit. Should your death be the result of an on-the-job accident, an accidental death benefit is payable upon application in this priority*: spouse (who has not remarried), child under the age of 18, or a dependent parent. If no such beneficiary exists, the benefit is payable to the beneficiaries on this form.

*One important distinction exists for members of the Uniformed Sanitation Force. Their accidental death benefit is payable to their spouse (for their entire lifetime) even if they have remarried.

How do I change my beneficiary on file?

To change an existing beneficiary nomination you must file another Designation of Beneficiary form. It is important that you always have a current beneficiary on file. You can check the status of your beneficiary on file when you receive your Annual Disclosure Statement. All active members receive this statement in February/March every year.

What happens if my beneficiary information is out of date?

You must change it right away. NYCERS is required to make payments to the person we have listed on file as your designated beneficiary.

Signature of Member

Date

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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 _____

Sign this form and have it notarized, THIS PAGE