



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



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**Designation of Primary and Contingent Beneficiary
Tier 3, 4 and 6 Members**

This application is for Tier 3, 4, and 6 members who wish to nominate primary and contingent beneficiaries. Please be sure you read and understand the Instructions before nominating a beneficiary. **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.** Should you have any questions, please feel free to 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

Designation of Beneficiaries: A designated beneficiary is the person who is on file at NYCERS to receive a survivor benefit upon the death of a member in active service. In this section you can designate a primary and a contingent beneficiary to receive a benefit that is payable to your beneficiary should you die while in City Service. You must designate a percentage for each beneficiary, and the sum of each category must total 100%.

Note: Should your death be the result of an on-the-job accident, an Accidental Death Benefit is payable according to a priority order specified in law.

The beneficiary whom I wish to nominate to receive my ordinary death benefit is:

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 %

Sign this form and have it notarized, Page 3



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Member Number	Last 4 Digits of SSN

Designation of Beneficiary continues below:

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
<input type="checkbox"/> If this beneficiary is a minor, check here and complete the guardian information on Form #137			Percentage <input style="width: 50px;" type="text"/> %

If my designated primary beneficiary dies, the contingent beneficiary whom I nominate to receive the benefit is:

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
<input type="checkbox"/> If this beneficiary is a minor, check here and complete the guardian information on Form #137			Percentage <input style="width: 50px;" type="text"/> %

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
<input type="checkbox"/> If this beneficiary is a minor, check here and complete the guardian information on Form #137			Percentage <input style="width: 50px;" type="text"/> %

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Member Number	Last 4 Digits of SSN

Designation of Contingent Beneficiary continues below:

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 %

I am nominating my Estate as my beneficiary for my regular 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.

I understand that should I nominate more than one beneficiary the regular death benefit will be paid according to the percentages I have indicated on this form. If no percentages are indicated, the death benefit will be shared equally. I understand that should I survive all beneficiary(ies), the death benefit will be payable to my estate. I further understand that this designation supersedes all previous designation of beneficiary forms filed with NYCERS.

Signature of Member	Date

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.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

If you have an official seal, affix it

Sign this form and have it notarized, THIS PAGE



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INSTRUCTIONS FOR COMPLETING THIS FORM

- > If you need assistance completing this form please contact NYCERS at 347-643-3000.
- > Complete the Designation of Beneficiary form in ink or type. Except for signature, please print all items.
- > At the top of the form, print your Membership #, Social Security #, Date of Birth, name and complete address.
- > In each designation, **Primary** and **Contingent**, state the full name of each beneficiary (first, middle initial, if any, and last name), relationship to you, Social Security #, date of birth and complete address, (number, street, city, state and zip code). **Do Not** use the words "same as above" or use "ditto marks" in either designation.
- > Be sure to sign the form, in the space provided for **Signature of Member**, in the presence of a Notary Public or Commissioner of Deeds.
- > Page 3 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- > **Do Not** make erasures, use white-out or cross-out any typed or printed information on this form, inasmuch as it renders the form invalid.
- > You **MAY** name a trustee under any designated beneficiary.
- > You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instruction Page if you received or downloaded it as a stand alone page.