



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



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**Supplemental Designation of Beneficiaries  
All Tiers**

Several of NYCERS' Designation of Beneficiary forms have a limited amount of space for you to nominate your beneficiaries. Therefore, if you wish to name more beneficiaries than the designation form will allow, use this supplemental form and attach it to one of the following:

NYCERS' Designation of Beneficiary Forms 131, 133, 134  
NYCERS' Membership Application Forms 101, 103

If this form does not accompany one of the forms mentioned above, it will be rendered **INVALID**. You cannot use this supplemental form to **CHANGE** an existing beneficiary, or any information about an existing beneficiary. You cannot use this form to nominate 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.**

**Important:** You must return all pages of this form to NYCERS, even if some spaces are intentionally left blank.

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

**Fill out the Beneficiary Information below and be sure to designate the percentage for each beneficiary.**

**Primary Beneficiary**

<b>Primary 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  %

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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  %

**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

**Optional Contingent Beneficiary**

**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.

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  %

<b>Signature of Member</b>	<b>Date</b>

**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**