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Grid for identification number

BOARD OF EDUCATION RETIREMENT SYSTEM OF THE CITY OF NEW YORK 65 COURT STREET BROOKLYN, NEW YORK 11201-4965

TO BE VALID THIS FORM MUST BE FILED WITH THE BOARD OF EDUCATION RETIREMENT SYSTEM

First Name MI Last Name

Social Security Number Sex

Address Apt. No.

City State Zip Code

Work Telephone Number Home Telephone Number

OFFICIAL DATE OF RECEIPT

TIER 4 DESIGNATION OF BENEFICIARY

BEFORE DESIGNATING ANY BENEFICIARIES, PLEASE READ THE INSTRUCTION SHEET.

This designation supersedes all previously filed designation of beneficiary selection filed under the Regular Program. 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 in 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 designation herein. Should I fail to execute this form properly, 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.

Signature: _____ Date: ____/____/____

STATE OF _____ COUNTY OF _____

On this ____ day of _____, _____, 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.

Notary Public or Commissioner of Deeds (If you have an official seal, please affix it).



TIER 4 DESIGNATION OF BENEFICIARY

DESIGNATION

BENEFICIARY 1

First Name	MI	Last Name	
Address		Relationship to Me	
City	State	Zip Code	Date of Birth
			% of Benefit

BENEFICIARY 2

First Name	MI	Last Name	
Address		Relationship to Me	
City	State	Zip Code	Date of Birth
			% of Benefit

BENEFICIARY 3

First Name	MI	Last Name	
Address		Relationship to Me	
City	State	Zip Code	Date of Birth
			% of Benefit

BENEFICIARY 4

First Name	MI	Last Name	
Address		Relationship to Me	
City	State	Zip Code	Date of Birth
			% of Benefit

If you wish to list additional beneficiaries, please list these additional beneficiaries on a separate sheet accordingly.