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

This application is for Tier 3, 4, and 6 members who wish to nominate a beneficiary for a death benefit. Please be sure you read and understand the Instructions before nominating a beneficiary. 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

In Care of (if applicable)

Address	Apt. Number

City	State	Zip Code

Designation of Beneficiaries: In the following you can designate beneficiary(ies) for your Ordinary Death Benefit. When combined, the percentages 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.

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 %

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 %



Member Number	Last 4 Digits of SSN

Designation of Beneficiaries continued:

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



INSTRUCTIONS FOR COMPLETING THIS FORM

- > If you need assistance completing this form please contact NYCERS at 347-643-3000
- > Complete this form in ink or type. Except for signature, please print all items.
- > At the top of this form, print your Membership #, Social Security #, Date of Birth, name, and complete address.
- > Please use Form #134 if you desire to name a primary and contingent beneficiary
- > 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, inasmuch as it renders the form invalid.
- > 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 2 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.

Sign this form and have it notarized, Page 2