



Please type or print clearly
in blue or black ink

Received Date

Tier 2/3/4 Post Retirement Death Benefit Two Designation of Beneficiaries RS 4471

(Rev. 11/22)

NYS LRS ID

Grid for NYS LRS ID

Social Security Number [last 4 digits]

XXX-XX- Grid for Social Security Number

Retirement System [check one]

Employees' Retirement System (ERS)
Police and Fire' Retirement System (PFRS)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES.
LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS AS SHOWN IN THIS EXAMPLE:

S M I T H J O H N F Grid example

PENSIONER INFORMATION

Registration Number (if known)

Grid for Registration Number

Social Security Number

Grid for Social Security Number

Retirement Number (if known)

Grid for Retirement Number

Last Name

First Name

M.I.

Grid for Name fields

Street Address 1

Grid for Street Address 1

Street Address 2

Grid for Street Address 2

City

State

Zip Code

Grid for City

Grid for State

Grid for Zip Code

IMPORTANT INFORMATION REGARDING THIS FORM

- If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.
- Attachments to your beneficiary form are unacceptable.
- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.
- Unborn children may not be designated as beneficiaries.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if *all* primary beneficiary(ies) die before you do.
- If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as a primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your post retirement death benefit.

Make sure that you:

- Complete all required information
- Sign and date the form
- Have the form notarized, making sure the notary has entered their expiration date.
- Mail your completed form to:

New York State and Local Retirement System
Pensioner Services Mail Drop 6-5
110 State St. Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For additional information call 1-866-805-0990 or 518-474-7736.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form, and have the form notarized.

