



**Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.**

To the Comptroller of the State of New York.

**Designation of Primary Beneficiary(ies).** I hereby name the following beneficiary(ies) to receive any optional benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

**PRIMARY**

**1** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**2** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**3** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**4** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**Designation of Contingent Beneficiary(ies).** If all of the designated primary beneficiaries die before I do, any optional benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. Furthermore, if I outlive these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

**CONTINGENT**

**1** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**2** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**3** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**4** Last Name First Name M.I. Month Day Year  
 Male Relationship (Fill in one circle)  Spouse  Parent  Child  Other Address: Street Apt. or Unit# City State Zip Code  
 Female

**This form must be signed and notarized in order to be valid**

Pensioner's Signature

Date

**Acknowledgement To Be Completed by a Notary Public**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.