



Office of the New York State Comptroller
New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Designation of Beneficiary Trust With Contingent Beneficiaries

RS 5127-T
 (Rev. 3/11)

Please PRINT plainly or type all entries. This form must be signed, notarized and submitted to the Retirement System.

For Office Use Only
Reviewed by:

Registration Number _____

Name _____

Home Address _____

City, State _____ Zip Code _____

Last 4 Digits of Social Security Number* _____

Former Name _____

Date of Birth _____

**To the Comptroller of the State of New York.
 Designation of Primary Beneficiary(ies)**

I hereby name the following beneficiary(ies) to receive any ordinary death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living, or in the case of a trust in existence, at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

Name of Trust _____

Name of Trustee _____

Name _____

Relationship _____ Date of Birth _____

Address _____

Date of Trust _____

Address of Trustee _____

Name _____

Relationship _____ Date of Birth _____

Address _____

Designation of Contingent Beneficiary(ies)

At the time of my death, if none of the above named beneficiaries are alive or in the case of a trust in existence, any ordinary death 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 or in existence at the time of my death should share any benefit equally. Furthermore, if I out-live 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.

Name of Trust _____

Name of Trustee _____

Name _____

Relationship _____ Date of Birth _____

Address _____

Date of Trust _____

Address of Trustee _____

Name _____

Relationship _____ Date of Birth _____

Address _____

MEMBER'S SIGNATURE _____ Date _____

Employed By _____ Street _____ City _____ State _____ Zip Code _____

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.

Notary Public

NOTARY PUBLIC (Please sign and affix stamp)

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 and Employer Services, New York State and Local Retirement Systems, Albany, NY 12244; telephone number (518) 474-3524.

***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, 31, 34 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.