

Received Date

Pensioner's Designation of Beneficiaries

RS 6439

(Rev. 04/22)

Please type or print clearly in blue or black ink

NYS LRS ID

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Social Security Number [last 4 digits]

XXX-XX-

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Retirement System [check one]

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

Use this form to update your beneficiaries for:

- Pensioner that selected an option that allows an update to the beneficiary designation beyond date of retirement (Option ½, Option 1, and 5, 10, 15, 20, etc. Years Certain Options).
- Pensioner that is **eligible** for a benefit from the Survivor's Benefit Program that selected Option 0 at the time of their retirement or selected a Joint Allowance Option and your beneficiary predeceases you. (Please note any designated option beneficiary is mandated to be your Survivor's Benefit Program beneficiary.)

PENSIONER INFORMATION:	
1. Name: (First, Middle Initial, Last)	2. Former Name: (if applicable)
3. Address: (Including Street, City, State and Zip Code)	

Important Information Regarding This Form:

- Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation void
- If 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 designate a Guardianship or payment under the Uniform Transfers to Minors Act contact our office for the appropriate form. (Attachments to this 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 only make payment to a contingent beneficiary(ies) if all primary beneficiaries 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. (If all named beneficiaries predecease you, the benefit is paid to your estate).
- If you retired under an option that does not allow for a change of beneficiary you cannot change your survivor's benefit beneficiary unless your beneficiary is deceased and a copy of the death certificate is provided.

Trust Instructions:

You can provide for payment to a trust if you have executed a Trust Agreement or have provided for a trust in your will. Your designation **MUST** include the name and address of the Trustee and the date the Trust Agreement or Will was executed. In addition, you must include a copy of the full Trust Agreement, unless previously furnished since all Trust Agreements must be reviewed by our Department's Legal Bureau. **IMPORTANT:** Please note that in this type of designation, the Trust itself is the beneficiary, not the person or persons for whose benefit it was established for. It is the responsibility of the Trustee to ensure that the trust provisions are carried out. If the Trust expires or is revoked, its designation as beneficiary is no longer effective.

Designation of Primary Beneficiary(ies):	
Use the beneficiary's give name. Mary Smith NOT Mrs. John Smith. Please print plainly or type.	
The following beneficiary(ies) are to receive benefits 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 share benefits equally unless otherwise noted. I reserve the right to change this designation at any time.	
Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	Address: _____
Relationship: _____ Birth Date: _____	Relationship: _____ Birth Date: _____
Social Security Number:* _____	Social Security Number:* _____

Designation of Primary Beneficiary(ies) Continued:

Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female	Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female
Relationship: _____ Birth Date: _____	Social Security Number:* _____	Relationship: _____ Birth Date: _____	Social Security Number:* _____

Designation of Contingent Beneficiary(ies):

Use the beneficiary's give name. Mary Smith NOT Mrs. John Smith. Please print plainly or type.
If all the above named beneficiary(ies) die before I do, any benefits payable on my behalf should be paid to the following: If I have named more than one beneficiary, those living at the time of my death should share any benefit equally unless otherwise noted. This designation revokes all previous designations I have made.

Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female	Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female
Relationship: _____ Birth Date: _____	Social Security Number:* _____	Relationship: _____ Birth Date: _____	Social Security Number:* _____
Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female	Name: _____ <input type="checkbox"/> Male Address: _____	<input type="checkbox"/> Female
Relationship: _____ Birth Date: _____	Social Security Number:* _____	Relationship: _____ Birth Date: _____	Social Security Number:* _____

*Social Security Number required (See statement below)

Trust Information: (If applicable) If you are designating a Trust, you must also list it above as a Primary or Contingent Beneficiary. The name of the Trust needs to be written exactly as it is stated on the Trust document in both areas. Also, please attach a copy of the entire Trust Agreement.

Name of Trust: _____	Date of Trust: _____
Name of Trustee: _____	Name of Successor Trustee: _____
Address: _____	Address: _____

Please sign your name in full below:

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

Retiree'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.

NOTARY PUBLIC (Please sign and affix stamp)

***Social Security Disclosure Requirement:** In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your 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.

Personal Privacy Protection Law: The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.