



**NEW YORK STATE TEACHERS' RETIREMENT SYSTEM**  
 10 Corporate Woods Drive, Albany, NY 12211-2395

OFFICE SERVICES ONLY

**DESIGNATION OF BENEFICIARY FOR RETIREES  
 ELECTING A LUMP SUM OPTION**

Last Name	First Name	M.I.	Social Security Number
Street Address			Retirement Number
City, State, Zip	Is this your permanent address to be used by the System? Yes <input type="checkbox"/> No <input type="checkbox"/>		Telephone Number

**I, THE UNDERSIGNED, REVOKING ALL FORMER DESIGNATIONS MADE BY ME PURSUANT TO A LUMP SUM OPTION, HEREBY DIRECT THE NYS TEACHERS' RETIREMENT SYSTEM, IN THE EVENT OF MY DEATH, TO PAY ANY BENEFIT DUE TO THE BENEFICIARY(IES) NAMED BELOW.**

**PRIMARY BENEFICIARIES** - If more than one primary beneficiary is named, the share of any beneficiary who dies before me shall be divided equally among the surviving primary beneficiaries.

Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____	Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____
Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____	Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____

**CONTINGENT BENEFICIARIES** - Should I survive my primary beneficiary or beneficiaries, any benefit payable at my death shall be paid in equal shares, unless otherwise stipulated, to the surviving contingent beneficiary or beneficiaries. Should I survive all named beneficiaries, any payment shall be paid to my estate.

Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____	Name _____ M <input type="checkbox"/> F <input type="checkbox"/> Date of Birth _____ Relationship _____ Social Security # _____ Street _____ City, State, Zip _____
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**Signature of Retiree:**  
 (must be notarized to be valid)

State of New York  
 County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Signature of Notary:

Expiration Date:

## **INSTRUCTIONS FOR DESIGNATING A BENEFICIARY UNDER A LUMP SUM OPTION**

1. Please type or print in black or blue ink. ***This form must be properly notarized.***
2. **Any number of primary and contingent beneficiaries may be named, but you must designate at least one primary beneficiary.** The same person or persons cannot be designated as both primary and contingent beneficiary. We can make payment to a contingent beneficiary(ies) only if all primary beneficiaries die before you do. If you survive all of the beneficiaries named, we would pay your estate.
3. **Any alterations to this form must be initialed.** Stipulations or attachments to your designation are not acceptable.
4. **If you desire more beneficiaries than can fit on one form,** you must use an additional designation form, each clearly marked as "form 1 of 2" and "form 2 of 2," etc. Each form must be signed, notarized, and submitted at the same time. *Additional forms can be acquired from the System.*
5. **New beneficiary forms filed will supersede any previous designation.** Therefore, if you want to add a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.
6. **If you designate persons:**
  - List full names (e.g., Mary Smith *not* Mrs. John Smith). Unborn children may not be named.
  - Provide complete information requested for each beneficiary.
  - Beneficiaries should be listed separately (*not* Mr. and Mrs. *on one line*).
7. **If you designate your estate:**
  - Use the words "My Estate" on the name line. Before naming your estate as beneficiary, we suggest you contact the IRS or your tax advisor to determine the tax impact of such a designation.
  - If your estate is named as primary beneficiary, do not name a contingent beneficiary. A contingent beneficiary would only be entitled to a benefit if the primary beneficiary ceases to exist before the member's death.
8. **If you designate the trustee of an Intervivos Trust:**
  - The trustee must be a person or a corporation and a true copy of the trust instrument, or a Certificate of Trust, containing the names and addresses of the trustee and successor trustee must be submitted with your designation.
  - The following language must be used for the beneficiary's name and address on the front of this form: **"(name of trustee), (address of trustee), as trustee of a trust created by instrument, dated (date of instrument), a true copy of which is annexed hereto."**
9. **If you designate the trustee of a Testamentary Trust:**
  - The Will under which the trust is established must be your Will.
  - The following language must be used in place of the beneficiary's name and address on the front of this form: **"The trustee of the testamentary trust established by paragraph (number) of my Will, dated (date of your Will)."**
10. **If you designate a custodian for a minor:**
  - The following sentence must be written in the space provided for the beneficiary's name and address on the front of this form: **"(name of custodian) as Custodian for (name of minor) under the New York Uniform Transfers to Minors Act."** *The sex, relationship and date of birth refer to the minor, not the custodian.*

### **BENEFICIARY DESIGNATION CHECKLIST**

- Did you indicate your social security number in the appropriate box on the reverse?
- Did you designate at least one primary beneficiary?
- Did you initial any changes, whiteouts, or erasures you may have made?
- If you indicated percentages for your primary beneficiaries, do the percentages equal 100%?
- Is your designation form signed and notarized?

**In order for your new designation to be acceptable, it must be completed properly, notarized, signed and received by the System. If you have questions when completing this form, please call us at 1-800-356-3128, Ext. 6150.**