



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

For Office Use Only
Receipt Date

# Designation of Beneficiary With Contingent Beneficiaries

**RS 5127**

(Rev. 9/14)

**THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.**

Please **PRINT** clearly, using only blue or black ink.

## Member/Pensioner Information

Registration/Retirement Number: \_\_\_\_\_

Last 4 Digits of Social Security Number\* \_\_\_\_\_

Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employed By:	Employer Address:
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### 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.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We 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 primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

### Make sure that you:

- **Complete all requested information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered the date his or her commission expires.**
- **Mail your completed form to:**  
**New York State and Local Retirement System**  
**Member & Employer Services**  
**Registration – Mail Drop 5-6**  
**110 State Street**  
**Albany, NY 12244-0001**

### PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection 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 System's inability to pay benefits the way you prefer. 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 questions concerning this form, please 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, 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.

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

**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 ordinary death or post retirement death 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.

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Designation of Contingent Beneficiary(ies).** If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement 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 at the time of my death should share equally any benefit payable. If I out-live all of these contingent beneficiaries, any benefit payable should be paid to my estate. I reserve the right to change this designation at any time.

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Member/Pensioner 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 Stamp

NOTARY PUBLIC (Please sign and affix stamp)