



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 With Contingent Beneficiaries

For Active Members Only (*not retirees*)

RS 5127
 (Rev.11/11)

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

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS AS SHOWN IN THIS EXAMPLE.

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MEMBER INFORMATION

Registration Number (if known) Last 4 Digits of Social Security Number* Maiden or Other Name Used Date of Birth

<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>
	-				Month	Day			Year	

Last Name First Name M.I.

<input style="width: 98%;" type="text"/>	<input style="width: 98%;" type="text"/>	<input style="width: 90%;" type="text"/>
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Street Address 1

<input style="width: 98%;" type="text"/>
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Street Address 2

<input style="width: 98%;" type="text"/>
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City State Zip Code

<input style="width: 98%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
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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 can make payment to a contingent beneficiary(ies) only if *all* primary beneficiary(ies) die before you do.
- If you wish to have your ordinary death benefit 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.
- This form is for designating beneficiaries to receive ordinary death benefits, if ordinary death benefits become payable on account of your death. 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 required information.
- Sign and date the form.
- Have the form notarized, making sure the notary has entered his or her expiration date.
- 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 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 & 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.

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 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.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

2	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

3	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

4	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, 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 at the time of my death should share equally any benefit payable. 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.

CONTINGENT

1	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

2	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

3	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

4	Last Name	First Name	M.I.	Date of Birth		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Day	Year
<input type="radio"/> Male		Relationship (Fill in one circle)				
<input type="radio"/> Female		<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child	<input type="radio"/> Other	
Address:		Street	Apt. or Unit#	City	State	Zip Code

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

<input type="text"/> Member's Signature	<input type="text"/> Date
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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.