



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

OFFICE SERVICES ONLY

**DESIGNATION OF BENEFICIARY FOR RETIREES
 ELECTING A GUARANTEE OPTION**

EmplID

**Last 4 Digits of
 Member's Social Security #**

Last Name											First Name											M.I.
<input type="text"/>											<input type="text"/>											<input type="text"/>
Street																						
City, State, Zip																						
Email Address														Phone Number								

I, THE UNDERSIGNED, REVOKING ALL FORMER DESIGNATIONS MADE BY ME PURSUANT TO A GUARANTEE OPTION, HEREBY DIRECT NYSTRS, IN THE EVENT OF MY DEATH, TO PAY ANY BENEFIT DUE TO THE BENEFICIARY(IES) NAMED BELOW.

PRIMARY BENEFICIARY – My primary beneficiary will receive the same monthly payments I was receiving for the unexpired balance of the guarantee period. If I live beyond the guarantee period, all payments will cease at my death. Only one primary beneficiary may be designated under this option.

Name											Relationship											
Street											Date of Birth											Check One
																						Male <input type="checkbox"/>
City, State, Zip											Beneficiary's Social Security #											Female <input type="checkbox"/>
																						Other <input type="checkbox"/>

CONTINGENT BENEFICIARIES – If my primary beneficiary predeceases me or begins to receive payments and dies before the guarantee period expires, the commuted value of any installments due will be paid in a lump sum to my contingent beneficiary or beneficiaries. If none exist, the commuted value will be paid to my estate.

Name											Relationship											
Street											Date of Birth OR Date of Will/Trust											Check One
																						Male <input type="checkbox"/>
City, State, Zip											Beneficiary's Social Security #/Tax ID											Female <input type="checkbox"/>
																						Other <input type="checkbox"/>
Name											Relationship											
Street											Date of Birth OR Date of Will/Trust											Check One
																						Male <input type="checkbox"/>
City, State, Zip											Beneficiary's Social Security #/Tax ID											Female <input type="checkbox"/>
																						Other <input type="checkbox"/>
Name											Relationship											
Street											Date of Birth OR Date of Will/Trust											Check One
																						Male <input type="checkbox"/>
City, State, Zip											Beneficiary's Social Security #/Tax ID											Female <input type="checkbox"/>
																						Other <input type="checkbox"/>

**** This form must be signed and acknowledged before a Notary Public in order to be valid ****

<p>Signature of Retiree</p> <p>State of _____, County of _____ On this _____ day of _____, 20____</p> <p>before me personally appeared _____</p> <p style="text-align: center;">(Print Applicant's Name)</p> <p>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 they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.</p> <p>Printed Name of Notary: _____</p> <p>Signature of Notary: _____</p> <p style="text-align: right;">Affix Stamp (include expiration date)</p>

Please review the "INSTRUCTIONS FOR DESIGNATING A BENEFICIARY UNDER A GUARANTEE OPTION" and checklist on the reverse.

**INSTRUCTIONS FOR DESIGNATING A BENEFICIARY
UNDER A GUARANTEE OPTION**

1. Please type or print in black or blue ink. **This form must be properly notarized.** You may wish to contact the IRS or your tax advisor to determine the tax impact of any beneficiary designation.
2. **One primary and any number of contingent beneficiaries may be named.** The same person cannot be designated as both primary and contingent beneficiary. We can make payment to a contingent beneficiary(ies) only if your primary beneficiary dies 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 (e.g. "per stirpes") 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 downloaded from our website at NYSTRS.org.
5. **New beneficiary forms filed will supersede any previous designation.** If you want to add a beneficiary, for example a new child, you must file a new form that includes all beneficiaries you wish to designate.
6. **If you designate persons:**
 - ◆ List full legal names (e.g. Mary Smith). Unborn children may not be named.
 - ◆ Provide complete information requested for each beneficiary, including whether they are primary or contingent.
 - ◆ Beneficiaries must be listed separately using their full legal name.
 - ◆ **Do not number your beneficiaries. Numbering of beneficiaries will result in an unclear designation.**

Note: You cannot name your estate, a trust, or a corporation as your primary beneficiary.

7. **If you designate your estate as your contingent beneficiary:** Use the words "My Estate" on the beneficiary name line. No other information is needed.
8. **If you designate a corporation as your contingent beneficiary** (charitable, civic, religious, educational or health-related organization, not a personal business), please be sure to use the exact name of the corporation. No other information is needed on this form; however, a copy of the certification of corporation is required. If a religious organization is listed, the System requires a certificate of incorporation or a charter.
9. **If you designate the Trustee of an Inter Vivos Trust as your contingent beneficiary:**
 - ◆ The Trust must be a valid trust under state law.
 - ◆ Complete the beneficiary information as follows:

Name & address - Name and address of <u>current</u> Trustee (this may be the member)
Date of Birth - Date of original Trust
Beneficiary SSN - Tax ID of Trust (may be member's Social Security #)
Relationship - "Trustee of [Name of Trust]"
 - ◆ You must provide a complete copy of the Trust or a Certification of Trust. A Certification of Trust (LEG-1) is available at NYSTRS.org.
10. **If you designate the Trustee of a Testamentary Trust as your contingent beneficiary:**
 - ◆ The Will under which the Trust is established must be your own Will.
 - ◆ Complete the beneficiary information as follows:

Name & address - Name and address of the Trustee to be appointed
Date of Birth - Date of Will
Beneficiary SSN - leave blank
Relationship - "Trustee of the Testamentary Trust under [Article/Paragraph #] of my Will"
11. **If you designate a Custodian for a minor under the Uniform Transfer to Minors Act (UTMA):**
 - ◆ You must designate each minor separately, even if the Custodian is the same individual.
 - ◆ Complete the beneficiary information as follows:

Name & address - Custodian to be appointed
Date of Birth - Date of <u>Minor</u>
Beneficiary SSN - SSN of <u>Minor</u>
Relationship - "As Custodian for (Minor's name) under the UTMA"

BENEFICIARY DESIGNATION CHECKLIST

- Is your designation form **signed and notarized**?
- Did you write the last four digits of your Social Security number in the appropriate boxes on the reverse?
- Did you designate at least one primary beneficiary?
- Did you initial any alterations you may have made?
- If you indicated percentages for your contingent beneficiaries, do the percentages equal 100%?

**IN ORDER FOR YOUR NEW DESIGNATION TO BE EFFECTIVE, IT MUST BE PROPERLY COMPLETED,
SIGNED, NOTARIZED AND RECEIVED BY THE SYSTEM PRIOR TO YOUR DEATH.**

IF YOU HAVE ANY QUESTIONS WHEN COMPLETING THIS FORM, PLEASE CALL THE SYSTEM AT (800) 348-7298, Ext. 6130.