Office of the New York State Comptroller
NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001

Please type or print clearly in blue or black ink

Received Date

Designation of Beneficiary Trust with Contingent Beneficiaries

RS 5127-T
(Rev. 04/22)

NYSLRS ID

Social Security Number [last 4 digits]
XXX-XX-

Retirement System [check one]
Employees' Retirement System (ERS) ☐
Police and Fire' Retirement System (PFRS) ☐

THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM.

Information About You		
Name: (First, Middle Initial, Last)	Former Name: (if applicable)	Date of Birth:
Address: (Including Street, City, State and Zip Code)		
Employed By:	Employer Address: (Including Street, City, State and Zip Code)	

To the Comptroller of the State of New York:

Designation of <u>Primary</u> 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, or in the case of a trust in existence, at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

Name of Trust: _____ Date of Trust: _____

Name of Trustee: _____ Address of Trustee: _____

_____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Relationship: _____	Relationship: _____
Date of Birth: _____	Date of Birth: _____

Designation of Contingent Beneficiary(ies). At the time of my death, if none of the above named beneficiaries are alive or in the case of a trust in existence, 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.

Name of Trust: _____ Date of Trust: _____

Name of Trustee: _____ Address of Trustee: _____

_____

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Relationship: _____	Relationship: _____
Date of Birth: _____	Date of Birth: _____

IMPORTANT – You must complete other side

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.

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.