Survivor's Benefit Program

Non-Member Employee Designation of Beneficiary for Eligible Employees of a New York State Agency

RS 6357

(Rev. 3/03)

NEW YORK STATE AND LOCAL RETIREMENT SYSTEM
110 STATE STREET, MAIL DROP 6-5
ALBANY NY 12244-0001

Please **PRINT** all entries and submit to your Personnel Office. **DO NOT** mail to the NYS and Local Retirement System.
PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS.

CHECK THE APPROPRIATE BOX:

☐ I have never been a member of any public retirement system.
☐ I am or have been a member of this retirement system:_____

Ret. Reg. Number_____

Name _____ Social Security Number_____

Home Address_____ Former Name_____

City, State_____ Zip Code_____ Date of Birth_____

To the Comptroller of the State of New York.
Designation of Beneficiary(ies)
I hereby name the following beneficiary(ies) to receive any survivor's benefit payable on my behalf. I realize that, if a death benefit is payable for which the beneficiary(ies) are mandated by law, this designation will be superseded. 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 the designation at any time.

1
Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

2
Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

3
Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

4
Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

USE YOUR BENEFICIARY'S GIVEN (FIRST) NAME, (MARY SMITH, NOT MRS. JOHN SMITH) PLEASE PRINT PLAINLY OR TYPE

If all the above named beneficiaries die before I do, any amount payable on my behalf should 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 any benefit equally. This designation revokes all previous designations I have made.

Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

Name _____
Relationship _____ Birth Date _____
Soc. Sec. No.* _____ Sex _____
Address (Street, City, State, Zip)

Member's Signature _____ Date _____

Employed By: Name of Agency _____ Street _____ City _____ State _____ Zip Code _____

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)

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 Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; toll-free at 1-866-805-0990 or 474-7736 in the Albany area.

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, 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.

INSTRUCTIONS TO THE EMPLOYEE:

The Survivor's Benefit Program is a plan of financial protection for the survivors of State employees who die and who do not qualify for an ordinary death benefit payment equal to at least one-half the employee's annual salary (up to a maximum of $10,000) or $2,000, whichever is greater. For managerial/confidential employees, the benefit generally equals full annual salary (up to a maximum of $50,000). For more detailed information, see VO 1655 or VO 1660 available from your Personnel Office.

In cases where an accidental death benefit is paid by your retirement system, the Survivor's Benefit Program will add a lump-sum payment of $2,000 to your retirement system's benefits. For managerial/confidential employees, the lump sum payment is $5,000.

If you are a retirement system member, you have already designated your beneficiary and you should not complete this form. If you are not a retirement system member or if you belong to a system that does not provide an ordinary death benefit, fill out the information on the other side. Furnish all information by printing clearly, except where signatures are required, and return this form to your Personnel Office. *DO NOT* mail to the NYS and Local Retirement System. It must be retained in your Agency's personal history file.

1. Relationship should be indicated as wife, son, mother, brother, or some generally identifiable relationship. A non-related person should be identified as "friend", not fiance, intended spouse, girlfriend, guardian, etc.

2. If a named beneficiary is a minor at the time of your death, his or her benefit will be paid to a duly appointed guardian.

3. Unborn children may not be designated as beneficiaries.

4. If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary.

5. You can provide for payment to a trust if you have executed a trust agreement or have provided for a trust in your will. Your designation should include the name and address of the trustee and the date the trust agreement or will was executed. **IMPORTANT:** Please note that in this type of designation, the trust itself is the beneficiary *NOT* the person or persons for whose benefit it was established. If the trust expires or is revoked, its designation as beneficiary is no longer effective.

6. Attachments to your beneficiary form are not acceptable. If needed you may double up on lines; including names, birthdates, addresses and relationships.

INSTRUCTIONS TO AGENCY PERSONNEL OFFICES:

This form is to be completed by the employee only when he or she is not a member of a retirement system. Upon completion, retain in the employee's personal history file. In the event of the employee's death, forward this form along with the RS 6358 Notification of Employee's Death (original only) to: New York State and Local Retirement System, Survivor's Benefit Program, Mail Drop 6-5, 110 State Street, Albany, New York 12244-0001.