



Designation of Primary and Contingent Beneficiary

Tier 4 and Tier 6 Members

Clock-in Date

This application is for Tier 4 and Tier 6 members to nominate beneficiaries. Please be sure have read and understand the Instructions page before nominating a beneficiary. Should you have any questions regarding this application, please contact Employee Benefits at 646-376-0123.

Pass Number _____ BSC ID _____

First Name _____ Middle Initial _____

Last Name _____ Date of Birth _____
M M D D Y Y Y Y

Work Phone # _____ Home Phone # _____
AREA CODE AREA CODE

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Designation of Beneficiaries: In the following you can designate beneficiary(ies) for your Ordinary Death Benefit.

Note: Should your death be the result of on-the-job accident, an Accidental Death Benefit is payable, upon application, in this priority: spouse (who has not remarried), child under the age 25, dependent parent, or any other qualified dependent under age 21. If no such beneficiary exist, then your Accidental Death Benefit is payable to the beneficiary(ies) you name on this form.

Primary Beneficiary

First Name _____ Middle Initial _____

Last Name _____ SS # _____ - _____ - _____

Relationship _____ Date of Birth _____
M M D D Y Y Y Y

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Percentage _____% If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

Primary Beneficiary

First Name _____ Middle Initial _____

Last Name _____ SS # _____ - _____ - _____

Relationship _____ Date of Birth _____
M M D D Y Y Y Y

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Percentage _____% If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**



Pass Number _____ BSC ID _____

Clock-in Date

Designation of Beneficiary(ies) continues below

Primary Beneficiary

First Name _____ Middle Initial ____
 Last Name _____ SS # _____ - _____ - _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Percentage _____ %
 If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

Primary Beneficiary

First Name _____ Middle Initial ____
 Last Name _____ SS # _____ - _____ - _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Percentage _____ %
 If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

If my designated primary beneficiary dies the contingent beneficiary whom I nominate to receive the benefit is:

Contingent Beneficiary

First Name _____ Middle Initial ____
 Last Name _____ SS # _____ - _____ - _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Percentage _____ %
 If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

Contingent Beneficiary

First Name _____ Middle Initial ____
 Last Name _____ SS # _____ - _____ - _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip Code _____
 Percentage _____ %
 If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**



Pass Number _____

BSC ID _____

Clock-in Date

Designation of Contingent Beneficiary(ies) continues below

Contingent Beneficiary

First Name _____ Middle Initial _____

Last Name _____ SS # _____ - _____ - _____

Relationship _____ Date of Birth _____ / _____ / _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Percentage _____% If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

Contingent Beneficiary

First Name _____ Middle Initial _____

Last Name _____ SS # _____ - _____ - _____

Relationship _____ Date of Birth _____ / _____ / _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Percentage _____% If this beneficiary is a minor, check here and complete the guardian information on **Form OA PEN- 005**

I am nominating my Estate as my beneficiary for my regular death benefit. I understand that in order for this selection to be valid I may not write in any other beneficiary's name, and I have, in fact, left all other designation of beneficiary sections on this form blank.

I understand that should I nominate more than one beneficiary, my death benefit will be paid in accordance with the percentages I have indicated on this form. If no percentages are indicated, the death benefit will be shared equally. I understand that should I survive the beneficiary(ies) the benefits will then be payable to my estate. I further understand that this designation supersedes all previous designation of beneficiary forms filed with MaBSTOA Pension Fund.

Employee's Signature: _____ Date: _____ / _____ / _____

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____

On this _____ day of _____, _____, personally appeared before me the above named,

to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Official seal area



INSTRUCTIONS FOR COMPLETING THIS FORM

- ◆ If you need assistance completing this form, please contact Employee Benefits at (646) 376-0123.
- ◆ Complete this form in ink or type. Except for signature, please print all times.
- ◆ State the full name of your beneficiary(ies) (first name, middle initial, if any and last name), relationship to you, Social Security #, date of birth and complete address, (number, street, apartment number, if any, city, state and zip code). **Do not** use the words “same as above” or use ditto marks, inasmuch as it renders the form invalid.
- ◆ Be sure to sign this form, in the space provided for Signature, in presence of a Notary Public or Commissioner of Deeds.
- ◆ Page 2 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- ◆ **Do not** make erasures, use white-out or cross-out any typed or printed information on this form, inasmuch as it renders it invalid.
- ◆ You may not name Trustee or your estate under any designation of beneficiary.

Desi: You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instruction Page if you received or downloaded it as a stand alone page.