

MTA DEFINED BENEFIT PENSION PLAN

DESIGNATION OF BENEFICIARY WITH CONTINGENT BENEFICIARIES

_____ First Name	_____ MI	_____ Last Name			
_____ Social Security Number	_____ Employee I.D.	_____ BSC I.D.	_____ Gender		
_____ Address					_____ Apt No.
_____ City		_____ State	_____ Zip Code		
(_____)_____ Work Phone Number	(_____)_____ Home Phone Number				
_____ E-mail Address					

IMPORTANT INFORMATION REGARDING THIS FORM

If you find this form is not suited to the type of designation you prefer please advise the MTA Defined Benefit Pension Office. In the mean time, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this 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.

This form is for designating beneficiaries who will 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 who are entitled to receive accidental death benefits are mandated by the MTA Defined Benefit Retirement Program.

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 these benefits 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.

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 license expiration date**

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.

Do not alter this form or make stipulations. The use of correction fluid or other alterations on the beneficiary form will render the designation invalid.

You cannot 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 of 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.

If more than one beneficiary is named they will share equally unless you indicate percentages for each beneficiary. The total must equal 100%. You may not designate dollar amounts

Unborn children may not be designated as beneficiaries.

Mail your completed form to:

**MTA Consolidated Pensions
2 Broadway, 10th Floor
New York, NY 10004**

Designation of Primary Beneficiary

I hereby name the following as beneficiary(ies) to receive any 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.

1	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____
2	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____
3	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____
4	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____

Designation of Contingent Beneficiary

If all of the above named beneficiaries die before I do, any death benefits 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 any benefit equally. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change this designation at any time.

1	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____
2	Last Name _____	First Name _____	M.I. _____	Date of Birth _____
	<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 _____

■ This form must be signed and notarized to be valid

Signature: _____

Date: | | | / | | | / | | | | |

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me the said _____, to me known to be the individual described in and who executed the foregoing document, and he (she) duly acknowledged to me that he (she) executed the same, and the statements contained therein are true.

 Notary Public or Commissioner of Deeds
 (If you have an official seal, please affix it)