

NEW YORK CITY HOUSING AUTHORITY  
Human Resources Department – Employment Division  
90 Church Street – 5th Floor – New York, NY 10007

**DESIGNATION OF BENEFICIARIES**

It is extremely important for you to designate a beneficiary in the event of your death. The beneficiary(ies) you designate on this form will be entitled to any monies that may be due as a result of your employment with the Housing Authority. **Please understand that the beneficiary(ies) designated on this form will not replace the beneficiary(ies) you have selected to receive the proceeds from your NYCERS pension, union benefits or life insurance policy.** You may choose up to four (4) primary beneficiaries and two (2) contingent beneficiaries. Contingent beneficiary(ies) will only receive money in the event your primary beneficiary(ies) dies before you. The total percentage amount designated for both categories must equal 100%. If you designate a child **under eighteen years of age**, you must name an adult who can **serve as the child's guardian**. In the event of your death, this adult will be requested to obtain **Letters of Guardianship from the Surrogate's Court**. This document is required to release any monies due a beneficiary who is a minor. If you have any questions regarding the completion of the form, please contact the Employment Division at 212-306-3996. Please keep a copy of your completed form. It should be reviewed on a yearly basis and updated, if necessary.

**PLEASE DO NOT USE WHITE OUT AS THIS IS AN OFFICIAL DOCUMENT**

Print Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
*Last First Init.*  
Work Location \_\_\_\_\_ Work Telephone # ( \_\_\_\_\_ )

I hereby nominate the following individual(s), as the beneficiary(ies) in the event of my death, to receive the proceeds from my unpaid salary, accrued annual leave, retirement bonus, expense reimbursement claims and retroactive monies from employment contracts. I understand that this designation supercedes all previously filed designations of beneficiary(ies). **NOTE: IF ANY PRIMARY OR CONTINGENT BENEFICIARIES LISTED BELOW ARE UNDER AGE EIGHTEEN, PLEASE SEE THE BACK OF THIS FORM.**

**Please Print or Type - You may name one, two, three or four Primary Beneficiaries**

1. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
*Last First Init.*  
Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Apt.#*  
\_\_\_\_\_  
*City State Zip Code*  
Percentage of Monies \_\_\_\_\_
2. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
*Last First Init.*  
Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Apt.#*  
\_\_\_\_\_  
*City State Zip Code*  
Percentage of Monies \_\_\_\_\_
3. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
*Last First Init.*  
Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Apt.#*  
\_\_\_\_\_  
*City State Zip Code*  
Percentage of Monies \_\_\_\_\_
4. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
*Last First Init.*  
Relationship to Employee \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Apt.#*  
\_\_\_\_\_  
*City State Zip Code*  
Percentage of Monies \_\_\_\_\_



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Please Print or Type - You may name one, or two Contingent Beneficiaries

If the foregoing primary beneficiary(ies) should predecease me, I hereafter nominate:

1. Name Last First Init. Soc. Sec. # Relationship to Employee Date of Birth Address Street Apt.# City State Zip Code Percentage of Monies

2. Name Last First Init. Soc. Sec. # Relationship to Employee Date of Birth Address Street Apt.# City State Zip Code Percentage of Monies

In the event that my beneficiary is a child under the age of eighteen years old, please contact the adult specified below for the purpose of obtaining Letters of Guardianship on behalf of the child so that monies could be released.

The adult to contact is:

Name:

Relationship to Employee:

Address: Street Apt.# City State Zip Code

I further direct that should I survive the aforementioned primary beneficiaries and contingent beneficiaries, the amount which otherwise would have been payable to the primary beneficiaries or contingent beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate in accordance with the estate powers and trust law.

Signature Date

THIS APPLICATION MUST BE ACKNOWLEDGED BEFORE A NOTARY OR COMMISSIONER OF DEEDS.

County of State on this day of, 20 appeared before me the said, to me personally known and known to me to be the individual described in and who executed the foregoing instrument and he (or she) duly acknowledged that he (or she) executed the same and that statements contained therein are true.

Signature of Officer Official Title and Number Date of Expiration of Commission

Please affix official seal

