

Date: _____



Beneficiary Designation Form

This beneficiary form is for current members of the NYSPP PBA.

Local Association: _____

Member's Name: _____

Address: _____

Date of Birth: _____

Appointment Date: _____

Social Security # (Last 4 digits): _____

Name of Beneficiary: _____

Relationship: _____

Member's Signature: _____

PBA Delegate's Signature: _____

Return Original to PCNY Office - PBA to Make Copy For Completion of Their Files