10 , , , , , 12211 2395

Street			Member/Retirement Number				
City, State, Zip			Is this your permanent address? Yes No				
I, the undersigned, revoking all former designations made by me pursuant to my death benefit coverage, hereby direct the NYS Teachers' Retirement System, in the event of my death, to pay the death benefit allowable on my account and the total of my contributions, if any, in one lump sum payment to the beneficiary or beneficiaries named below. Should I survive all named beneficiaries, any death benefit payable shall be paid to my estate. ———————————————————————————————————							
Name	Charle Ora	Charle On a	Data of Births				
Name	Check One Primary	Check One Male □	Date of Birth:				
Street	Contingent		Relationship:				
City, State, Zip		Beneficiary Soc Se	ec #				
Name	<i>Check One</i> Primary [Check One Male	Date of Birth:				
Street	Contingent [Female 🗖	Relationship:				
City, State, Zip		Beneficiary Soc Sec #					
Name	Check One Primary	Check One Male	Date of Birth:				
Street	Contingent		Relationship:				
City, State, Zip		Beneficiary Soc Sec #					
Name	Check One Primary	Check One Male	Date of Birth:				
Street	Contingent [☐ Female	Relationship:				
City, State, Zip		Beneficiary Soc Sec #					