



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Application for Payment of a Reduced Vested Retirement Benefit  
Tier 2 -- Plan D Members**

This application is for Tier 2 members in Plan D who wish to have their Vested Retirement Benefit paid in the form of an Early Service Retirement Benefit. Your Vested Retirement Benefit will be reduced because you are choosing to retire before reaching your normal retirement age (age 62). Please refer to the benefit reduction chart before submitting this application. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions, please contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number (   )	Daytime Phone Number (   )
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First Name	M.I.	Last Name
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In Care of (if applicable)

Address	Apt. Number
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City	State	Zip Code
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I, the undersigned, hereby elect to have my Vested Retirement Benefit paid in the form of an Early Service Retirement Benefit and understand that in making such election I will receive a reduced Vested Retirement Benefit.

Signature of Member	Date
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Vested Retirement Benefit Reduction Chart								
Age	55	56	57	58	59	60	61	62
Reduction	27%	24%	21%	18%	15%	12%	6%	none

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

State of \_\_\_\_\_ County of \_\_\_\_\_ On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, 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 \_\_\_\_\_