



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



NYCERS USE ONLY

F512

## Application for Service Retirement Tier 1 Members of the NYC Transit Authority

This is an application for service retirement for Tier 1 members of the NYC Transit Authority operating force. Please read the Instructions on page 2 before submitting this application to the New York City Employees' Retirement System (NYCERS). NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records. If you have any questions, contact NYCERS' Call Center at 347-643-3000.

No advance (partial) pension payment will be sent to you until NYCERS has a copy of your birth certificate on file.

Member Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]	Home Phone Number	Work Phone Number
		/ /	( )	( )
First Name		M.I.	Last Name	
Address				Apt. Number
City			State	Zip Code
Agency		Title		
Transit Authority				

I, the undersigned, hereby make application for retirement from City service to take effect on [MM/DD/YYYY] / / , with my retirement allowance to begin on the effective date of my retirement, or upon my attainment of age 50, whichever is later. When you calculate my estimated retirement benefit, please use the following person to estimate my Joint-and-Survivor Options:

Name

Relationship [MM/DD/YYYY]  
who is my  , and whose birth date is / / .

**Federal Tax Withholding** – For complete instructions, refer to [www.irs.gov/forms-pubs/about-form-w-4-p](http://www.irs.gov/forms-pubs/about-form-w-4-p). If you do not complete this election, your tax deduction will be defaulted to “Single” with all other fields set to 0 (zero).

If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1.  Single or Married, filing separately       Married, filing jointly or Qualifying widow(er)       Head of household

2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly):  
\$ \_\_\_\_\_ (If you (or your spouse) have a job, **do not** complete Steps 3-7 on this form.)

3. Number of qualifying children **under** age 17: \_\_\_\_\_ x \$2,000 = \$ \_\_\_\_\_

4. Number of other dependents: \_\_\_\_\_ x \$500 = \$ \_\_\_\_\_

5. Other credits: \_\_\_\_\_ \$ \_\_\_\_\_

Add lines 3 - 5. **Total Credits** = \$ \_\_\_\_\_

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(Fields 6-8 are OPTIONAL.)

6. Other income: \$ \_\_\_\_\_      7. Other deductions: \$ \_\_\_\_\_      8. Extra withholding: \$ \_\_\_\_\_

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9.  Do not withhold Federal income tax from my pension.





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Member Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

**Note: If you should die on or after the date that your service retirement becomes effective and before you have received your first payment of your retirement allowance, you will be retired under Option 1 - Return of Reserve, even if you have previously selected an option.**

Please indicate below the person who you wish to receive this benefit.

I hereby nominate the following person to receive benefits:

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Social Security	Date of Birth [MM/DD/YYYY]	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Apt. Number
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**.

I, the undersigned, make application for payment of my Service Retirement Benefit.

Signature of Member	Date
<input type="text"/>	<input type="text"/>

**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 they acknowledged to me that they 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 \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THIS FORM**

**Please read the following information carefully before completing this application**

Before filing this application with NYCERS, you must check with the Transit Authority to determine if you are entitled to payment of any terminal leave or accumulated annual leave. If it is determined that you are entitled to be paid on the payroll for any leave time you are due, the agency will advise you what your last day of pay will be. **The effective date of retirement requested on this application should be the day after the last day you are paid by the Transit Authority.**

A properly completed application for service retirement must be filed with NYCERS, not less than 30, nor more than 90 days prior to the effective date of your retirement.

You must be in City service on the date this application is filed with NYCERS, and you must remain in City service up to the effective date of your retirement. (A member carried on the Transit Authority payroll on a leave of absence without pay is considered in City service for retirement purposes.)

This application for service retirement may be withdrawn by you, any time prior to the effective date of your retirement, by filing a written request with NYCERS.

This application is a self-effectuating document. If a valid application, it becomes effective on the date requested by you, even if you continue in City service after your effective date of retirement.

You should check with NYCERS before accepting any employment in the public sector after your effective date of retirement. You may be employed after retirement in New York City or New York State public service if you secure approval for such employment under §211 or §212 of the Retirement and Social Security Law. You may be employed by the Federal government or in private industry without affecting your retirement benefits from NYCERS.

R01/23

**Sign this form and have it notarized, THIS PAGE**

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340 Jay Street, Bklyn, NY  
Mezzanine level



Forms, Brochures,  
Fact Sheets at  
[www.nycers.org](http://www.nycers.org)



Upload Documents at  
[www.mnycers.org](http://www.mnycers.org)



(347) 643-3000  
M - F, 8am to 5pm



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