

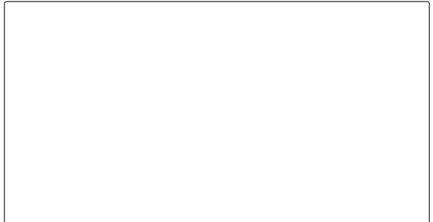


Mail Completed Forms to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



NYCERS USE ONLY

F550



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Retirement Option 4-4

Tier 1 Members

This application is for Tier 1 members who wish to elect Option 4-4 as their Retirement Benefit. The law requires that you file an option within 60 days of the date NYCERS mails a Retirement Options letter to you. In order for NYCERS to process this application, this form must be filled out in its entirety and notarized before submitting it for review. **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.** Should you have any questions regarding this application, please contact NYCERS' Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
				/ /
First Name	M.I.	Last Name		
In Care of (if applicable)				Daytime Phone Number
				()
Address				Apt. Number
City	State	Zip Code		
Email Address				

Option 4-4 is a reduced monthly retirement allowance, payable throughout your lifetime. Upon your passing, the reduced benefit will continue to be paid to your surviving beneficiary. **NYCERS requires proof of birthdate for your beneficiary, as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.** If the designated beneficiary predeceases you, your retirement allowance will automatically revert to the Maximum Retirement Allowance. If you elect this option, you must designate a percentage, or a dollar amount, you wish to be continued to your designated beneficiary.

I wish my beneficiary to receive (choose only one)

% of such lesser retirement allowance **OR** \$ [dollar amount should be an annual figure]

The beneficiary whom I wish to nominate to receive a death benefit is:

First Name	M.I.	Last Name		
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship		
	/ /			
Address				Apt. Number
City	State	Zip Code	Country	

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 hereby elect to participate in Option 4-4 Retirement Benefit for Tier 1 members and confirm that the information given is, to the best of my knowledge, correct.

Signature of Member	Date

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** _____

