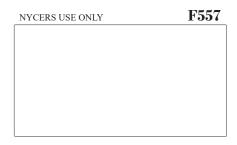




Save time by applying online. upload via mynycers.org

Retirement Option 4 Tier 1 Members



This application is for Tier 1 retirees who wish to select Retirement Option 4. Option Selection must be made within 60 days of the date NYCERS mails a Retirement Options letter to you. In order for NYCERS to process this application, it must be filled out in its entirety and notarized. **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 Numb	er		Last 4 Digits	of SSN	Date of E	Birth [MM/DD/YYYY]
								/ /
First Name				M.I.	Last Naı	ne	·	
In Care of (if applicable)						Daytime	Phone Number
							()
Address							Apt. Nur	nber
City							State	Zip Code
Email Address								
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Sign this form and have it notarized, Page 2





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Member Number OR	Pension Number	Last 4 Digits of SSN

NYCERS USE ONLY	F557

I hereby elect Option 4 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, perso appeared before me the above named, to me kn and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged to me that they executed the same, and that the statements contained therein are Signature of Notary Public or Commissioner of Deeds Official Title Expiration Date of Commission	own, they true.					







