



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



NYCERS USE ONLY

F559

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[www.nycers.org](http://www.nycers.org)

## Retirement Option 4 Tier 2 Members

This application is for Tier 2 retirees who wish to provide continuing income to their designated beneficiary upon their death. You are required to 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. **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.**

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 provides for a reduced monthly retirement allowance, payable throughout your lifetime. Upon your death, a percentage of the reduced monthly retirement allowance or a specific dollar amount will continue to be paid to your designated beneficiary. If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit equal to the balance of your Annuity Reserve will be paid to your beneficiary in addition to the total pension payable under Option 4. If you elect this option, you must indicate a percentage of the reduced monthly retirement allowance, or a specific dollar amount, you wish to be continued to your designated beneficiary in one of the boxes below.**

I wish my beneficiary to receive (choose only one)

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

The beneficiary whom I wish to nominate to receive my reduced monthly retirement allowance is:

**NOTE: 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.**

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**.





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Member Number OR	Pension Number	Last 4 Digits of SSN

I hereby elect Option 4 for Tier 2 members and confirm that the information given is, to the best of my knowledge, correct.

<b>Signature of Member</b>	<b>Date</b>

**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** \_\_\_\_\_

