

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



USE ONLY F511		

Application for Service Retirement - Tier 1

This application is for all Tier 1 members who wish to apply for retirement. A properly completed application for service retirement must be filed with the New York City Employees' Retirement System (NYCERS), not less than 30, nor more than 90 days prior to your effective date of retirement. Please read the Instructions on page 2 before submitting this application. 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 Rigth IMM	I/DD/VVVV1	Home Phone Nur	mber Work P	hone Number
Trember Trumber	Last 4 Digits 01 551V	/ /	/		()
First Name		M.I	. Last N	ame		<u>, </u>
i iist i taine			Lastin	<u> </u>		
Address					Apt. Number	:
City					State	Zip Code
,						
Agency			Title			,
					[MM/DD/YY]	1
I, the undersigned, he	ereby make application for	retirement from Ci	tv service to	take effect on	/ /	, with my retiremen
	n the effective date of my				hever is later. Wl	
	benefit, please use the foll			or pury worms, with		
Name	conons, proude use use ren	se wing person.				
Rel	ationship		[MM/DD/YY]			
who is my		se birth date is	/ /	to estimate i	my Joint-and-Sur	vivor Ontions
			, ,			vivor options.
Note: This form is	not a designation of bene	eficiary. See Instru	ctions on pa	ge 2 for additiona	ıl details).	
	nolding – For complete in				<u>-form-w-4-p</u> . If y	ou do not complete
	x deduction will be default withhold Federal income				a check in field 9	helow
	Married, filing separately			or Qualifying wide		Head of household
0			•			
2. Taxable income \$	e from a job or multiple so (If you (or your spou		•	•		g joinuy):
	lifying children under age	,	\$2,000		*	
4. Number of other				= \$		
5. Other credits:	a dependents.		Ψ300	\$		
5. Other credits.						
		Add lines 3 - 5. To	tal Credits	= \$		
(Fields 6-8 are OPT	TIONAL.)					
6. Other income:	\$ 7.	Other deductions:	\$	8. Ext	ra withholding:	\$
9. Do not wi	thhold Federal income tax	from my pension.				
R12/21	Sign	this form and ha	ve it notar	ized, Page 2		Page 1 of 2







www.mynycers.org







Mail Completed Forms to:

	47th Avenue, 10th Fl Island City, NY 11101			
Member Number Last 4 Di	gits of SSN			
Signature of Member			Date	
This form mu	st be acknowledged before a l	Notary Public or Co	mmissioner of Deeds	
appeared before me the above name and known to me to be the individu	On this day of d,al described in and who executed the cuted the same, and that the stateme	to me k foregoing instrument, an	known, and they	l seal, AFFIX IT
Official Title	Expiration Date of C	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 your agency 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 your agency.

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

· If you need assistance completing this form please contact NYCERS at 347-643-3000.

NYCERS USE ONLY

- Complete this form in ink or type. Except for signature, please print all items.
- At the top of the form, print your Membership #, Social Security #, Date of Birth, name and complete address.
- · When you receive your Retirement Options letter from NYCERS, you will be given the choice of electing to receive the Maximum Retirement Allowance or providing for payment of a benefit to your surviving beneficiary/beneficiaries. With the Maximum Retirement Allowance, all payments cease at the time of your death. If you select an option to provide for payment of a benefit to your beneficiary/beneficiaries, that beneficiary's life expectancy is factored into the calculation that determines an annual Joint-and-Survivor pension. For the purpose of preparing an Estimated Retirement Benefit, NYCERS will use the life expectancy of the person you named on this form. Naming the person on this form DOES NOT constitute an official designation of beneficiary. That must be filed with NYCERS on a separate form.
- Be sure to sign the form, in the space provided for Signature of Member, in the presence of a Notary Public or Commissioner of Deeds.
- · Page 2 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- Do Not make erasures, use white-out or cross-out any typed or printed information on this form, inasmuch as it renders the form invalid.
- · You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instructions Page if you received or downloaded it as a standalone page.

Sign this form and have it notarized, THIS PAGE

Page 2 of 2

F511











