

WHAT'S INSIDE?

ENCLOSED ARE SOME OF NYCERS COMMONLY USED FORMS.

SERVICE RETIREMENT APPLICATION

Tier 1 and 2 : Be sure you file this form at least 30, but no more than 90 days before the effective date that you wish to retire.

Tier 3 and 4: File this form no more than 90 days before you wish to retire.

LOAN APPLICATION

All Tiers: You must be in pay status to be eligible for a loan. Once you retire you will not be eligible to take out a loan with NYCERS.

BUY BACK APPLICATION

Tier 1: If you have previous public service before joining NYCERS membership, you may be eligible to purchase that time; however, there are limitations regarding purchasing service from another retirement system. Contact a NYCERS representative to determine if you are eligible.

Tier 2, 3 and 4: If you have previous public service before joining NYCERS membership, you may be eligible to purchase that time. Contact a NYCERS representative to determine if you are eligible and to see if it is advantageous to your retirement plan.

MILITARY BUY BACK

All Tiers: There are various laws, each with different provisions, that allow you to purchase service credit for time spent on active duty in the U.S. armed forces. You are entitled to receive credit for whichever one provides you with greatest benefit.

EXCESS REFUND APPLICATION

Tier 1 and 2: This application is for Tier 1 and Tier 2 members only! You may get a refund of your contributions made beyond the minimum required years of qualifying service within your plan. There is no excess for Tier 3 and Tier 4 members.

WITHDRAW/CHANGE RETIREMENT DATE APPLICATION

You may change your retirement date up to the day before you are supposed to retire. However, extending it more than 90 days from the original filing date requires you to withdraw your current application and reapply for retirement.

CHANGE OF ADDRESS

Remember, not informing us of your address change could delay benefit payments.

EFT APPLICATION

Have your pension payment directly deposited to your account by filing this form.



NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

Application for Service Retirement

Tier 1

CLOCK-IN-DATE

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 NYCERS, not less than 30, nor more than 90 days prior to your effective date of retirement. Please be sure you read and understand the Instructions before submitting this application for review. Should you have any questions, please contact our 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.

Membership Number _____ Last 4 Digits of Social Security # _____

First Name _____ Middle Initial _____

Last Name _____

In Care of
(if applicable) _____

Address _____ Apt. Number _____
City _____ State _____ Zip _____

Home Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____

Title _____

Agency _____

Date of Birth _____

____/____/____
M M D D Y Y Y Y

I, the undersigned, hereby make application for retirement from City service to take effect on _____, with my retirement allowance to begin on the effective date of my retirement, or on the initial date of payability, whichever is later.

When you calculate my estimated retirement benefit, please use the following person

N A M E

who is my _____ and whose date of birth is _____
R E L A T I O N S H I P M M D D Y Y Y Y

to estimate my joint-and-survivor options. (Note: This form is not a designation of beneficiary. See Instruction Page for additional details)

Federal tax law provides that all payers are required to withhold Federal income tax on periodic payments (similar to wages), unless you elect to be excluded from such withholding. This election will remain in effect until revoked by you. If you do not complete this election, Federal income tax will be withheld at the rate of a married individual claiming three exemptions.

Please indicate your withholding election by marking the appropriate choice below:

Do Not Withhold Federal Income Tax

Withhold Based On Number of Exemptions Using The Following Status:

(Check one only) Single Married

In Addition To The Amount Withheld Based On My Exemptions And Filing Status, I Would Like To Withhold

\$, . Per Month.

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CLOCK-IN-DATE

Membership Number

Last 4 Digits of Social Security #

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 he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission

If you have an official seal, affix it.

INSTRUCTIONS FOR COMPLETING THIS FORM

Please read the following information carefully before completing this application

Before filing this application with the New York City Employees' Retirement System (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 due you, 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
- ▶ 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(ies). 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(ies), 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, we 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 Instruction Page if you received or downloaded it as a stand alone page.

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RETIREMENT AND BENEFITS

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FOR OFFICE USE ONLY

Application for Loan

Tier 1 and Tier 2 Members Only

CLOCK-IN-DATE

This application is for Tier 1 and Tier 2 Members who wish to apply for a loan. In order for NYCERS to process your loan request, this form must be filled out in its entirety and notarized before submitting it to NYCERS. Before filing for a loan, be sure you understand the **TERMS** below and complete the requested information. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Membership Number Last 4 Digits of Social Security #

First Name Middle Initial

Last Name

Address Apt. Number

City State Zip Code

Daytime Phone Number () Email Address

Title

Department

TERMS OF LOAN

You should not file this application without first reading all the terms.

- ▶ Loans may be made to Tier 1 and Tier 2 members in City service who have been members of NYCERS continuously for at least three years.
- ▶ Outstanding loans to members cannot exceed 75% of the sum of the amount last posted to the member's accumulated deductions account and the value of any outstanding loan.
- ▶ No more than two loans may be granted in any 12-month period.
- ▶ Repayment of a loan must be made in equal installments by payroll deductions at a rate of not less than 5% of the member's earnable compensation.
- ▶ The balance outstanding on any existing loan is combined with the new cash loan and establishes a new loan.

Please read this information before making your selections on Page 2

Federal tax law provides that where the total outstanding loan is **either** greater than \$50,000, **or** the term of repayment exceeds five years, **or** if the loan is subsequently not repaid, the loan is subject to a determination as to whether any part of it constitutes a taxable distribution. In addition to being taxable at the member's normal tax rate, a member under the age of 59½ will incur an additional 10% penalty on such distribution. If a member requests a tax-free principal loan, it will be limited to pre-1987 contributions. Any loan based on post 1986 amounts will be at least partially taxed, with a distribution of IRC Section 414(h) pick-up contributions being fully taxed.

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CLOCK-IN-DATE

Membership Number

Last 4 Digits of Social Security #

Select one option only under "Loan Requested," "Repayment Schedule," and "Withholding Tax"

Failure to select an option will result in the loan being processed as if a **Maximum** loan amount had been requested with a **Minimum** repayment amount, and tax withheld on the taxable amount, if any such amount is greater than \$200. Selecting more than one option in any section may result in the loan not being processed.

Attention Prospective Retirees

In order to minimize the taxability of your loan, and to preserve your ability to roll over the taxable amount (after it is determined during the processing of your retirement), you will need to check the box which states "REPAY IN FIVE-YEAR PERIOD." Otherwise, the loan becomes immediately taxable as a loan distribution and cannot be rolled over as a retirement distribution.

Check here if you are in the process of retiring

Loan Requested

Maximum **or** Amount \$, **or** Tax-Free Principal

Repayment Schedule

Minimum Repayment **or** Repay in Five-Year Period **or**

Amount per Payroll Period \$ **or** Number of Payments

Withholding Tax

Do Not Withhold Tax **or** Withhold 10% Tax

My signature below indicates that I understand and agree to the terms governing a NYCERS loan. My signature also authorizes NYCERS to release pension loan information to the NYC Deferred Compensation Plan if I apply for a loan from either my 457 or 401k account(s).

Signature of Applicant _____ 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 he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

If you have an official seal, affix it.

Official Title _____

Expiration Date of Commission _____

HAVE YOU MOVED RECENTLY?

Old Address: _____ New Address: (check box if same as on Page 1)

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RETIREMENT AND BENEFITS

Application to Purchase Credit for Service Rendered Prior to Membership Date in NYCERS

CLOCK-IN-DATE

NYCERS now offers you two ways to purchase previous service: by submitting this application **or** using our new on-line buy back application. Members who register on our website (www.nycers.org) can use an online application and submit it instantly for processing. If you choose to continue with this hardcopy form, it is important to note that this is a multi-part form consisting of: Form 241 which is to be used to describe your buy-back claim, and Form 242 (for full-time service) or Form 243 (for part-time service) which is the verification of your payroll records for the specific claim. In most cases it is recommended that you allow NYCERS to either supply or obtain the payroll records needed on Form 242 or 243, but you may obtain that information yourself if you wish. NYCERS cannot process your buy-back until all of the information is received. If you have any questions or need help, contact our Call Center at (347) 643-3000.

Membership Number _____ Last 4 Digits of Social Security # _____

First Name _____ Middle Initial _____

Last Name _____

Address _____ Apt. Number _____

City _____ State _____ Zip _____

Home Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____

I am a NYCERS member and I would like to purchase credit previous service for the following period(s):

| FROM | TO | AGENCY | TITLE |
|------------|------------|--------|-------|
| MM/DD/YYYY | MM/DD/YYYY | | |
| MM/DD/YYYY | MM/DD/YYYY | | |
| MM/DD/YYYY | MM/DD/YYYY | | |
| MM/DD/YYYY | MM/DD/YYYY | | |
| MM/DD/YYYY | MM/DD/YYYY | | |

Signature of Member _____

In most cases NYCERS will have adequate pay records to process your buy-back application, but if not, the information will have to be supplied by the agency you worked for. Please select how you want the information to be obtained:

- I will reach out to the agency I worked for and I will submit to NYCERS all of the required information needed to further the process of purchasing previous service.
- I would like NYCERS to contact the agency and get all the required information needed to further the process of purchasing previous service. If you check this box, please DO NOT complete Form 242 or Form 243 that accompany this form.

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FOR OFFICE USE ONLY

CLOCK-IN-DATE

Departmental Certificate of Service Rendered by Member Claiming Service Prior to Membership Date in NYCERS For Full-Time Service Only

In order to process a buy-back application, NYCERS needs to verify the salary and service history for the period of time the member wants to purchase. This application is to be completed by the agency the member worked for to provide verification of the member's salary and service. This application is to be used for FULL-TIME service only (for part-time service fill out Form 243). NYCERS cannot process a buy-back application until this information is verified. If you have any questions or need help, contact our Call Center at (347) 643-3000.

Membership Number

Last 4 Digits of Social Security #

The following is full record of the salaries and dates of employment of:

First Name

Middle Initial

Last Name

while employed in the Department of

DATES OF EMPLOYMENT

| FROM | TO | TITLE | TOTAL PERIOD OF PAID - FOR SERVICE | | | SALARY |
|----------------------|----------------------|----------------------|------------------------------------|----------------------|----------------------|----------------------|
| M M / D D / Y Y Y Y | M M / D D / Y Y Y Y | | YEARS | MONTHS | DAYS | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ANY ADDITIONAL DATA
(Example: LWOP), etc.

Signature of Official

Title

Agency

Date

Phone Number

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

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EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

Departmental Certificate of Service Rendered by Member Claiming Service Prior to Membership Date in NYCERS

For Part-Time Service Only

CLOCK-IN-DATE

In order to process a buy-back application, NYCERS needs to verify the salary and service history for the period of time the member wants to purchase. This application is to be completed by the agency the member worked for to provide verification of the member's salary and service. This application is to be used for PART-TIME service only (for full-time service fill out Form 242). NYCERS cannot process a buy-back application until this information is verified. If you have any questions or need help, contact our Call Center at (347) 643-3000.

Membership Number

Last 4 Digits of Social Security #

The following is full record of the salaries and dates of employment of:

First Name Middle Initial

Last Name

while employed in the Department of

DATES OF EMPLOYMENT

| | FROM | TO | TITLE | W-2 Gross Wages | Number of Hours Worked | Hourly Rate of Pay |
|----|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ANY ADDITIONAL DATA (Example: LWOP), etc.

Signature of Official

Title

Agency

Date

Phone Number

NYCERS

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FACT SHEET

What previous service can I purchase?

Tier 1 members: You are eligible to buy back full or part-time New York City service rendered previous to your NYCERS membership.

Tier 2, Tier 3 or Tier 4 members: You can buy back full or part-time public service rendered within New York State prior to your NYCERS membership. For the service you want to buy back, you must have been in a position that would have allowed you to join a public employee retirement system in New York State (regardless of whether you actually joined or not).

All Tiers: You are **not** eligible to buy back time you worked for a private company, for the federal government, or for any government office outside of New York State.

Will the previous service I buy back make me eligible to retire sooner?

Generally, yes. In most plans, you are able to retire sooner when you buy back previous service.

There are a couple of exceptions, however. Some plans don't allow all the types of previous service to count as qualifying time - such as in the Tier 1 and 2 Career Pension Plan (Plans A and C). In some Special Programs, such as the Transit 55/25 Program, the service cannot be used at all. If you are unsure of the rules under your plan, contact NYCERS before you apply to purchase any previous service.

Does it pay for me to buy back previous service?

Generally, yes. Since most of NYCERS' retirement benefits are calculated based on your years of service, the additional years - under most plans - will increase your benefit. There are a couple of exceptions:

- Some plans have a cap on the maximum number of years that can be included in your benefit calculation.
- Some plans have stricter requirements for the types of service that can be used in your benefit calculation.

If you are unsure of the rules under your plan, contact NYCERS before you apply to purchase any previous service.

How much does it cost to buy back previous service?

The easiest way to estimate the cost of your buy back by using our online interactive calculator. All you have to do is register to become a MY NYCERS member on our website (www.nycers.org). The Buy Back Calculator enables you to obtain an estimated cost to purchase previous service based on information taken from your account, as well as information you wish to include. You can try various dates, salary amounts, and other situations, to see how these amounts affect your estimate. Or you can get an estimate through the NYCERS' Call Center. Remember these are only estimates. The true cost of purchasing previous service can only be received after you actually fill out an application.

Tier 1 and 2: The cost is based on your current earnings. You will pay double your full normal deduction for the same period being claimed. For example, if you are buying back six months of service, you will have double deductions taken from your current salary for a six-month period.

Tier 3 and 4: The cost is based on the wages you earned during the period claimed, multiplied by your contribution rate(s), plus interest from the date of such service to the date full payment is made at the rate of 5% compounded annually. So, the sooner you apply and pay for your previous service, the less interest you will have to pay.

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CLOCK-IN-DATE

Application to Purchase Credit for Military Service

This application is for members who wish to purchase credit for military service previously rendered. There are various laws that allow you to purchase military service and you are entitled to receive credit under whatever law provides you with the greatest benefit. Each law has different provisions for granting service, so please be sure to read the eligibility and buy-back requirements, in its entirety, before completing this form. Return this form to NYCERS along with your discharge papers (DD214) for review. If you have any questions, please contact our Call Center at 347-643-3000.

Please read the **Fact Sheet** before completing this form.

Membership Number Last 4 Digits of Social Security #

First Name Middle Initial

Last Name

Address Apt. Number

City State Zip Code

Home Phone Number () - Work Phone Number () -

I am a member of the New York City Employees' Retirement System, and hereby apply to purchase credit for military service during the following period(s):

| FROM | TO | BRANCH OF SERVICE |
|---|---|-------------------|
| <input type="text"/> M M / D D / Y Y Y Y | <input type="text"/> M M / D D / Y Y Y Y | _____ |
| <input type="text"/> M M / D D / Y Y Y Y | <input type="text"/> M M / D D / Y Y Y Y | _____ |
| <input type="text"/> M M / D D / Y Y Y Y | <input type="text"/> M M / D D / Y Y Y Y | _____ |

Please include a copy of your discharge papers (DD214) with this form.

Have you ever received credit for Military Service from any New York State or City retirement system?

Please indicate here: yes no

Signature of Member _____ Date
M M / D D / Y Y Y Y

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RETIREMENT AND BENEFITS

ELIGIBILITY REQUIREMENTS UNDER ALL OF THE MILITARY BUY-BACK LAWS REQUIRES YOU TO:

- have been honorably discharged
- have not received more than three years of military service credit, including this credit (four years of voluntary service under VRRRA) from any public retirement system
- purchase your military service credit PRIOR to your retirement date (except under the VRRRA laws).

UNDER FEDERAL LAWS (THE VRRRA)

Even if you were not a NYCERS member at the time of service, you are eligible to receive credit for the entire length of your mandatory military service, and up to four years of voluntary service, if you:

- Left a New York State municipal employer immediately prior to entering active military service with the intention of entering military service
- Served on active duty in one of the US military branches
- Applied to return to a City (or other municipal) position within 90 days after termination of your military duty (or release from hospitalization after discharge for a period of not more than one year)

UNDER NEW YORK STATE MILITARY LAW

You are eligible to receive credit for the entire length of active-duty mandatory military service as long as you:

- Were a member of the retirement system at the time of entering military service
- Were employed by some municipality within New York State
- Obtained leave of absence for the purpose of serving on active-duty, and actually served
- Applied to return to a City or other municipal position within 90 days after termination of your military duty
- Paid, within five years after the day of your restoration to service, the contributions that you would have made during the period of your military service leave of absence

UNDER THE RETIREMENT AND SOCIAL SECURITY LAWS (CHAPTER 548 OF THE LAWS OF 2000)

If you have five or more years of NYCERS membership, you may purchase up to three years of Military Service time, even if:

- It was rendered prior to entry into City Service
- You are not a New York State resident

Your Military Service must have been rendered during one of the following war times periods:

| | |
|----------------------------------|--------------------------------|
| World War II (12/7/41- 12/31/46) | Lebanon (6/1/83 - 12/1/87)* |
| Korean War (6/27/50 - 1/31/55) | Grenada (10/23/83 - 11/21/83)* |
| Vietnam Era (2/28/61- 5/7/75) | Panama (12/20/89 - 1/31/90)* |

Or during one of the following military conflicts

*As established by receipt of the Armed Forces, the Navy, or the Marine Corps expeditionary medal.

Or in the case of a member who served in operation of one of the theatres listed below:

Iraq, Kuwait, Saudi Arabia, Bahrain, Qatar, United Arab Emirates, Oman, Gulf of Aden, Gulf of Oman, Persian Gulf, Red Sea, and the airspace above these locations (8/2/90 to the end of such hostilities)

If you retired on or after December 21, 1998, but before October 19, 2000 (the effective date of this legislation), you may apply for military service credit within one year following the effective date of this law.

THIS OPTION EXPIRED October 18, 2001

Please note that if you purchase your military time under Chapter 548 of the Laws of 2000 and that service does not increase your retirement allowance or death benefit, payments shall be refunded by NYCERS, with interest.

USING DEFERRED COMPENSATION MONEY FOR PURCHASING MILITARY SERVICE.

Note: Upon completion of processing your claim for military service, NYCERS will send you a letter advising you of the cost. You may transfer funds from your account in the City's Section 457 Deferred Compensation Plan (Deferred Comp) to purchase credit for your Military Service. Please note that money in the City's 401k Plan cannot be used for this purpose. The complete instructions for rolling over your Deferred Compensation will be included in the cost letter from NYC-

NYCERS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3751

ALL OTHER SERVICES:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3751

TEL: (347) 643-3000
EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

RETIREMENT AND BENEFITS

FOR OFFICE USE ONLY

Application for Refund of Excess Contributions Tier 1 or Tier 2 Members

CLOCK-IN-DATE

This application is for membership wish to receive a refund of their excess contributions. Please be sure you read and understand the instructions and return it to NYCERS. Should you have any questions, please contact our Call Center at 347-643-3000.

Membership Number Social Security Number Date / /

I hereby make application for refund of the excess Accumulated Salary Deductions, and accrued interest on the same, standing to my credit in the New York City Employees' Retirement System. I understand that excess contributions do not begin to accumulate until **January 1st of the year following** the year I complete the minimum required years of service for my retirement plan.

Please Note: Since the law requires members to cancel their contribution rate as a condition of receiving a refund of excess contributions, this application will also serve as a request by you to cancel your contribution rate.

Due to Federal Tax laws, after you file this application and we compute the refund payable to you, NYCERS will send you a notice concerning its taxability, and, if applicable, an election form so that you may roll over the taxable portion of the distribution, if you elect to do so.

If no part of the refund is taxable, no election form or tax notice will be sent to you. If you wish to limit your return of excess contributions to amounts not subject to Federal tax, check off "Tax-Free Principal." The excess paid to you will be limited to your pre-1987 contributions.

Indicate **Only One** Of The Following As Your Excess Amount Request

Maximum or Tax-Free Principal or Amount \$

Special Notice To Prospective Retirees

If you are in the process of retiring, an option letter may be sent so quickly that the amount of your excess refund and any loan taken at retirement may not have been processed and deducted from your annuity savings account prior to the time that the retirement allowance amounts are determined.

If an excess and/or loan is processed after your option letter, the amounts stated in that letter will not be correct. Please contact NYCERS immediately if you realize that this has happened in your case. Failure to contact NYCERS will result in an overpayment in your retirement allowance, a future downward revision in your benefit, and a requirement that you return any overpayments.

First Name Middle Initial

Last Name

In Care of (if applicable)

Address Apt. Number

City State Zip Code

Home Phone Number () - Work Phone Number () -

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724

TEL: (347) 643-3000
EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Withdrawal of Service Retirement Application

Return to the Retirement Benefits Division

Membership Number _____

Last 4 Digits of Social Security # _____

I, the undersigned, employed as a _____
T I T L E

in the Department of _____
A G E N C Y

filed an application for service retirement on _____/_____/_____
M M D D Y Y Y Y to take effect on _____/_____/_____
M M D D Y Y Y Y

I hereby **WITHDRAW** said application for service retirement.

Signature of Member _____ Date _____
M M D D Y Y Y Y

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

First Name _____

Middle Initial _____

Last Name _____

In Care of
(if applicable) _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ - _____ Work Phone Number (_____) _____ - _____

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 he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, affix it.



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CLOCK-IN-DATE

Request to Change or Correct Retirement Date

If you previously filed a service retirement application with NYCERS and you want to now change your retirement date, complete this form and return it to the address below.

Note: You cannot change your retirement date if you are already receiving your pension from NYCERS.

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

Membership Number _____ Last 4 Digits of Social Security # _____

First Name _____ Middle Initial _____

Last Name _____

In Care of
(if applicable) _____

Address _____ Apt. Number _____

City _____ State _____ Zip _____ Code _____

Home Phone Number (____) _____ - _____ Work Phone Number (____) _____ - _____

I, the undersigned, employed as _____
T I T L E

in the _____
A G E N C Y

filed an application for service retirement with NYCERS on ____/____/____. I requested that the date of
M M D D Y Y Y Y
retirement be made effective ____/____/____.
M M D D Y Y Y Y

It is now my desire to change or correct the retirement date to ____/____/____.
M M D D Y Y Y Y

Signature of Member _____ Date ____/____/____
M M D D Y Y Y Y

Return this form by mail to: NYCERS
335 Adams St., Suite 2300
Brooklyn, NY 11201
Attn: Data Benefit Certification Division

or

Bring this form to NYCERS Customer Service Center at
340 Jay Street, Mezzanine Level in downtown Brooklyn

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

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SUITE 2300
BROOKLYN, NY 11201-3724

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CLOCK-IN-DATE

Change of Address Form

This application is for members who wish to change their address that NYCERS has on file. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Active Members:

Membership Number _____

Pensioners:

Pension Number _____

Members and Pensioners:

Last 4 Digits of Social Security # _____

Phone Number (_____) _____

First Name _____

Middle Initial _____

Last Name _____

New Address:

In Care of (if applicable) _____

Address _____ Apt. Number _____

Zip

City _____ State _____ Code _____

Previous Address:

In Care of (if applicable) _____

Address _____ Apt. Number _____

Zip

City _____ State _____ Code _____

If you are currently receiving monthly payments from NYCERS, check one of the following boxes only.

Continue sending my check to my bank.

Cancel sending my check to the bank.

Please send my check to my new address, as listed above.

Signature of Member _____ Date _____

M M / D D / Y Y Y Y

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 he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, affix it.



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CLOCK-IN-DATE

Authorization for Direct Deposit (EFT) of Monthly Retirement Allowance

Complete this form if you wish to have your NYCERS check automatically deposited into your bank (checking or savings) account by Electronic Fund Transfer (EFT). If you choose to have deposits made to your checking account, attach one of your personal checks with "void" written across the face (do not sign the check). If you want deposits made to your savings account attach a deposit slip bearing your savings account number. The bank information must be completed and signed by your bank representative. Be sure to read the instructions on the back of this form before submitting it to NYCERS. Should you have any questions, please contact our Call Center at 347-643-3000.

Information to be completed by the depositor (please print) Last 4 Digits of Social Security #

Member Number or Pensioner Number

First Name Middle Initial

Last Name

Address Apt. Number

City State Zip Code

Home Phone Number ()

I have read and understand the conditions on page 2 of this form and hereby authorize NYCERS to send my monthly retirement via EFT.

Signature of Member Date

Information to be completed by an officer of your bank (please print). Please see page 2 to locate where this information is found on your checks or savings deposit slip.

Bank

Branch Address

City State Zip Code

Account Number

Transit Routing/ABA Number

Savings Checking (Check one) Phone Number ()

Officer's Name

Officer's Signature

If payments are transferred in error by NYCERS, the bank will return such payments to NYCERS as authorized by the depositor. The bank also agrees to apply the same procedures described in 31 CFR 210 to such transfers, and agrees to reimburse NYCERS to the same extent as Federal agencies are reimbursed under 31 CFR 210.

Authorization for Direct Deposit (EFT) of Monthly Retirement Allowance

Filling out this form and submitting it to NYCERS authorizes:

1. The Office of the Comptroller of the City of New York, on behalf of the New York City Employees' Retirement System (NYCERS) to send my monthly retirement allowance via Electronic Fund Transfer (EFT) to the bank* designated on this form for deposit in my account.
2. My bank: (a) to receive my monthly retirement allowance via EFT for deposit in my account AND (b) to deduct from my designated account or deposits in my name at this bank all amounts transferred in error by NYCERS and to reimburse NYCERS to the extent of such deductions.
3. My heirs, my estate and designated beneficiaries of my monthly allowance, respectively, to reimburse NYCERS for amount deposited in error after my death, in event that my account is closed or contains an insufficient balance to reimburse NYCERS. (Deposits may be made only to an individual or joint account. Trust accounts are not acceptable)

This EFT authorization will remain in effect until I have given written notice to NYCERS canceling the EFT.

IMPORTANT NOTICE

How EFT works:

1. Your net retirement allowance is automatically credited directly to your bank account each month.
2. To draw money, cash a personal check at your bank or elsewhere, use an automatic teller machine or any other method your bank provides
3. Your monthly net retirement allowance will appear on your bank statement.
4. A quarterly statement, issued by the Office of the Comptroller, will be mailed to your home address. It will reflect details of your monthly retirement allowance, including deductions for union dues, health insurance and federal income tax withheld during the three-month period.

Your EFT deposit can be made in either your checking or savings account- NOT split between both. Deposits may be made to individual or joint accounts; trust accounts are not acceptable.

If you wish to take advantage of EFT, follow these instructions:

- Make sure you fill out the front of this page, page 1.
- Attach one of your preprinted personal checks (name must appear on check) or deposit slip to your savings account to this page.
- Write VOID (in large letters) across the face, as indicated in the sample below.
- If you are sending to a checking account, do NOT sign the check that you are attaching to this page.
- Write in your Bank Name, Checking Account Number, and the Bank Routing Code in the spaces on page 1.

BANKING INFORMATION

Bank Name _____

Checking/Savings Acct # _____

Bank Routing Code _____

Name of Your Bank _____

Account Number _____

Bank Routing Code _____

