



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



**Retirement Option Election Form
Tier 2 - Option 4 (Lump Sum)**

This application is for Tier 2 retired members who wish to provide a lump-sum income to their designated beneficiary upon their death. **However**, by selecting this option, the member accepts a reduced lifetime retirement allowance. In order for this form to be processed, all pages must be returned, whether you have filled them out or intentionally left them blank. Please be sure to read the conditions below, complete **ALL** the requested information and return. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this application, please contact our 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	

ELECTING AN OPTION

You are required to file your option election within 60 days of the date NYCERS mails a Retirement Options letter to you. Please do not make any alterations to this form, as that will render it invalid. If changes need to be made, please complete another form. When you have completed this form, sign it, have it notarized, and mail it to **NYCERS, 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101**. NYCERS will acknowledge receipt of the option you have selected. **If you wish to file this option in person, visit our Customer Service Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn.**

Option 4 (Lump Sum Payment)

I elect to receive a reduced lifetime retirement allowance. At the time of my death, a lump sum of \$ is to be paid in equal shares to my beneficiary(ies). If my beneficiary(ies) predeceases me, pay my Estate or another beneficiary I may name by filing another Retirement Option Election Form with NYCERS.

Designating Beneficiaries (See following pages)

If you elect the above option, you may designate more than one beneficiary. Under this option, you may change your beneficiaries at any time. For each change of beneficiary, you must submit another Retirement Option Election Form. If you wish to elect another option, such as one of the Joint-and-Survivor or Pop-Up options on which you may name only one beneficiary, you should request the proper option election form from NYCERS immediately.

Sign this form and have it notarized, Page 4



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Member Number	OR	Pension Number	Last 4 Digits of SSN

Designation of Primary Beneficiary(ies) Use your beneficiary's given name. (*Mary Smith not Mrs. John Smith*) **Please print plainly in ink.** I hereby name the following beneficiary(ies) to receive any benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. (If it is your intention not to have equal shares, please indicate the percentages in the appropriate boxes below).

Primary Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Primary Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Primary Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

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Member Number	OR	Pension Number	Last 4 Digits of SSN

Designation of Contingent Beneficiary(ies) Use your beneficiary's given name. (Mary Smith **not** Mrs. John Smith) **Please print plainly in ink.** If all the primary beneficiaries die before I do, any benefits payable on my behalf should be paid to the following. If I have named more than one beneficiary, those living at the time of my death should share any benefit equally (if it is your intention not to have equal shares, please indicate the percentages in the appropriate boxes below).

Contingent Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Contingent Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Contingent Beneficiary

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

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Member Number	OR	Pension Number	Last 4 Digits of SSN

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

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

I am nominating my Estate as my beneficiary. I understand that in order for this selection to be valid I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

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.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE