



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



**Notice of Intention to File for a Tier 3, 4, 6 or 22-Year Plan Vested Retirement Benefit**

This application is for Tier 3, Tier 4, Tier 6 and 22-Year Plan members who wish to vest their retirement benefit. Vesting refers to your right to receive plan benefits even if you terminate employment before you are eligible for payment of a Service Retirement Benefit. Please note: this application does not initiate payment. **Once you become eligible for payment you must file Form #266, Application for Payment.**

**Please check one of the boxes below to indicate your Tier and plan.** You must return all pages of this form even if you intentionally left any of them blank. **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.** Contact our Call Center at (347) 643-3000 if you have any questions regarding this form.

**No advance (partial) pension payment will be sent to you until NYCERS has acceptable proof of your birthdate on file.**

Member Number	Last 4 Digits of SSN	Home Phone Number (    )	Work Phone Number (    )
First Name		M.I.	Last Name
Address			Apt. Number
City		State	Zip Code

**I am a Tier 3 member enrolled in the following retirement plan [check only one]:**

- |  |  |
|--|--|
| <input type="checkbox"/> Correction Officer 25-Year Plan (CO-25) | <input type="checkbox"/> Uniformed Correction Force 22-Year Plan (CF-22) |
| <input type="checkbox"/> Correction Officer 20-Year Plan (CO-20) | <input type="checkbox"/> Uniformed Sanitation Force 22-Year Plan (SA-22) |
| <input type="checkbox"/> Correction Captain 20-Year Plan (CC-20) | <input type="checkbox"/> DA Investigators 22-Year Plan (DA-22)           |
| <input type="checkbox"/> Correction Force 20-Year Plan (CF-20)   |  |

**I am a Tier 4 member enrolled in the following retirement plan [check only one]:**

- Basic 62/5 Plan
- 57/5 Plan
- 57/5 Plan Physically Taxing (payable at age 50 with 25 years of physically taxing service)
- Sanitation 20-Year Plan
- Transit 25-Year/Age 55 Plan
- MTA Bridges and Tunnels (formerly TBTA) 20-Year/Age 50 Plan
- Dispatcher 25-Year Plan
- EMT 25-Year Plan
- Special Peace Officer 25-Year Plan
- Deputy Sheriff 25-Year Plan
- Automotive Service Worker 25-Year/Age 50 Plan
- Police Communications Operators (911 Operators) 25-Year Plan



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Member Number	Last 4 Digits of SSN

**I am a Tier 6 member enrolled in the following retirement plan [check only one]:**

- Basic 63/10 Plan
- Transit 25-Year/Age 55 Plan
- TBTA 20-Year/Age 50 Plan
- Dispatcher 25-Year Plan
- EMT 25-Year Plan
- Special Peace Officer 25-Year Plan
- Deputy Sheriff 25-Year Plan
- Automotive Service Worker 25-Year/Age 50 Plan
- Police Communications Operators (911 Operators) 25-Year Plan

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

**DEATH BENEFIT FOR VESTED MEMBERS**

**With less than 10 years of Service**

If you have less than ten years of Credited Service, and you die before you become eligible for payment of your Vested Retirement Benefit, your designated beneficiary(ies) is eligible to receive a refund of your Accumulated Member Contributions, plus interest.

**With more than 10 years of Service**

If you have ten or more years of Credited Service, and you die before you become eligible for payment of your Vested Retirement Benefit, your designated beneficiary(ies) is eligible to receive one half of the Ordinary Death Benefit that would have been payable had you died on the last day of City service. Your designated beneficiary(ies) is also eligible to receive a refund of your Accumulated Member Contributions, plus interest.

**INSTRUCTIONS**

Complete this form in its entirety, sign it, and mail it to NYCERS, 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. If you wish to file this form in person, visit our Customer Service Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn.