



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



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### Application for Payment of a Vested Retirement Benefit Tier 1 and 2 Members (Except Corrections and Sanitation)

This application is for Tier 1 and Tier 2 members who wish to receive payment for their Vested Retirement Benefit. When you left City Service you filled out a "notice of intention", form #251, to vest your retirement benefit. In order to receive such payment, you must file this application not more than 90 days prior to your payability date. It is important that you read the conditions below. Please be sure that you nominate a beneficiary or your estate to receive a death benefit payable should you die while in City service. You may only nominate one or the other. **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.

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

*This application is not for uniformed force Sanitation members or Correction Officers, please see page 4 to determine which form you need if you are a member of these programs.*

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

#### For Tier 1 Members only:

I am a Tier 1 member enrolled in the (choose one):

- Plan B (ISF)  
(Payability Date: when member reaches age 55)
- 25-Year Retirement Program for Dispatcher Member  
(Payability Date: when member would have completed 25 years of *Allowable Service as a Dispatcher Member*)
- EMT 25-Year Retirement Program  
(Payability Date: when member would have completed 25 years of *Allowable Service as an EMT Member*)
- Special Officer 25-Year Retirement Program  
(Payability Date: when member would have completed 25 years of *Allowable City Service*)

#### For Tier 2 Members only:

I am a Tier 2 member enrolled in the (choose one):

- Plan D (Modified ISF)  
(Payability Date: when member reaches age 62 for an unreduced benefit or age 55 for a reduced benefit)
- 25-Year Retirement Program for District Attorney Investigators (IDA)  
(Payability Date: when member would have completed 25 years of *Credited Service*)
- 20-Year Retirement Program for District Attorney Investigators  
(Payability Date: when member would have completed 20 years of *Credited Service*)

**Sign this form and have it notarized, Page 4**

**WALK-IN CENTER** 340 Jay Street  
Brooklyn, NY 11201  
(347) 643-3000

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

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Member Number

Last 4 Digits of SSN

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

		[MM/DD/YYYY]
whose date of birth is		
	/	/

and whose full name is

for continuation of benefits after my death.

**Note: This form does not designate a beneficiary for Tier 1 members, coverage is automatic. However, please make sure that you have the correct beneficiary on file.**

**Tier 2 members, please complete Beneficiary Selection on the next page of this form or risk no interim coverage.**

#### Tier 1 Members:

There is a pre-retirement death benefit payable in the event of the death of a vested member who is out of service, and has at least 10 years of credited service, and who dies on or after January 1, 1997. The death benefit payable is one-half of the Ordinary Death Benefit that would have been payable had you died on the last day of service, plus your Accumulated Deductions. This benefit will be payable to the designated beneficiary(ies) that we have on file for you.

#### Tier 2 Option Selection:

Once your eligibility is verified and this form is processed, you will receive a letter from NYCERS providing the full compliment of retirement options available. In the interim, to afford you maximum protection from the date of your vested retirement until the date of your first full payment, you must select a temporary retirement option, as well as a beneficiary. Once vested, if you should die before selecting either of the options, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS.**

The two temporary options are: The Ten Year Certain Option, and the 100% Joint-and-Survivor Option. Please read the descriptions of both, before choosing your retirement option. Please choose only one of the following:

**Ten-Year Certain**

If you die within ten years from the date of your retirement, the reduced monthly retirement benefit will continue to be paid to your surviving primary beneficiary for the unexpired balance of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump-sum to your estate. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump-sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the estate of the primary beneficiary. You may nominate both a primary and a contingent beneficiary under this option.

**100% Joint-and-Survivor**

This option assures you and your designated beneficiary a reduced benefit for lifetime. Should you die, your designated beneficiary will receive the same lifetime benefit. Because this option guarantees two specific people an income for life, the life expectancies of the retiree as well as the beneficiary are taken into consideration. Therefore, once you designate a beneficiary and the option is in force, you cannot change your beneficiary designation, even if he/she precedes you in death. You may only nominate a primary beneficiary under this option.

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**Beneficiary Selection**

This is split into two sections: Section A - Designation of Beneficiary and Section B - Nomination of Your Estate. It is important that you only fill out one section, for if you fill out both, your selection will be voided.

**Section A - Designation of Beneficiary**

A designated beneficiary is the person who is on file at NYCERS to receive a survivor benefit payable upon the death of a member in active service. If you decide to nominate your estate rather than a person DO NOT FILL OUT THIS SECTION, see Section B.

The beneficiary whom I wish to nominate to receive my benefit is:

<b>Primary Beneficiary</b>	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**

If I have chosen the Ten Year Certain and my designated primary beneficiary dies before the Ten Year period expires, the contingent beneficiary whom I nominate to receive benefits is:

<b>Contingent Beneficiary</b>	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**



**Section B - Designation of Estate:** Please initial the box below if you wish to nominate your estate. You may not fill in the above section if you fill out part B.

I am nominating my Estate as my beneficiary for my regular death benefit. 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.

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Should your death be the result of an on-the-job accident, an accidental death benefit is payable upon application in this priority: spouse (who has not remarried), child under the age 25, dependent parent, or any other qualified dependent under the age of 21. If no such beneficiary exists, then your benefit is payable to the names you list on this form.

I, the undersigned, make application for payment of a Vested Retirement Benefit.

Signature of Member	Date

**Federal Tax Withholding**  
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 selection by marking the appropriate choice below:**

1.  Do not withhold Federal income tax from my pension. (Do not complete 2 or 3 if you select this option)
2.  Withhold based on  number of exemptions using the following status (You **may** also enter a dollar amount in choice 3):  
 (Check one only)     Single                       Married                       Married, but withhold at higher "Single" rate
3.  In addition to the amount withheld based on my exemptions and filing status in choice 2,  
 I would like to withhold \$  Per Month (Must specify dollar amount only)

**Note:** You cannot enter an amount here without entering a number of exemptions in choice 2 (even if that number is zero).

**Note:** If you are a member of (Tier 1) Sanitation 20-Year Plan, or (Tier 2) 20-Year Improved Benefit Retirement Program for Sanitation Workers, please obtain NYCERS Form # 269.

If you are a member of the (Tier 1) Uniformed Correction 20-Year Plan; (Tier 2) Modified Correction 20-Year Plan; 20-Year Improved Benefit Retirement Program for Correction Officers below the rank of Captain; or 20-Year Improved Benefit Retirement Program for Correction Officers of the rank of Captain and above, please obtain NYCERS Form # 263.

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

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