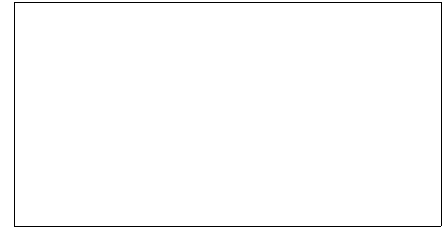




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**Application for Deferred Vested Retirement Allowance
Tier 1 and Tier 2 Members of the Uniformed Force of the NYC Department of
Correction Who Discontinue Service Other Than By Death, Retirement or Dismissal**

This application is for Tier 1 and Tier 2 Uniformed Correction Force members who wish to file for a Deferred Vested Retirement. This form must be filed with NYCERS at least 30 days prior to discontinuance from City service. This form serves as both your notice of intent to vest, as well as for payment of a future Vested Retirement Benefit. Please be sure to read the conditions below and complete the requested information. **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, please contact our Call Center at 347-643-3000.

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 [MM/DD/YYYY]
Title		Date of Resignation / /	

Important: This form must be filed with NYCERS at least 30 days prior to discontinuance from City service.

I understand that:

1. My Deferred Retirement Allowance will vest automatically upon my resignation and will become payable on the earliest date which I could have retired for service if I had not resigned.
2. I will have a vested right to a Deferred Retirement Allowance if prior to my resignation I completed five or more years of Allowable Service.
3. This application will be invalid if I discontinue service less than 30 days after the date of filing this application with NYCERS.
4. My vested right to a Deferred Retirement Allowance will be forfeited if I hereafter withdraw my accumulated deductions in whole or in part.
5. Regular interest continues to accrue for five years after resignation on my accumulated deductions and reserve for ITHP at the same rate as if I had continued service. However, if my right to a Deferred Retirement Allowance terminates, regular interest shall cease on the date of such termination, or the date five years from my resignation, whichever date is **LATER**.
6. If I have less than 10 years of Credited Service and I die before the date my Deferred Vested Retirement is effective, my designated beneficiary (or estate) will receive only my accumulated deductions. However, if I have more than 10 years of Credited Service my designated beneficiary (or estate) will receive a death benefit plus my accumulated deductions. This death benefit will be one-half of that which would have been payable if I had died on my last day of membership service.
7. This application is valid only if my service was discontinued other than because of death, retirement or dismissal.

Sign this form and have it notarized, page 2



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Member Number	Last 4 Digits of SSN

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).

I, the undersigned, hereby make application for a Deferred Vested Retirement Allowance.

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

Sign this form and have it notarized, THIS PAGE