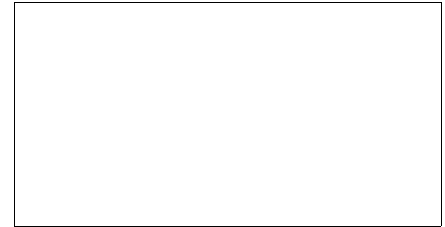




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



**Affidavit for Payment of a Vested Retirement Benefit
Tier 4 Members with Tier 3 Rights Electing Payment of an Early Service Retirement Benefit**

This affidavit is for Tier 4 members with Tier 3 rights who wish to receive payment for their Vested Retirement Benefit under the Early Service Retirement provisions. Please read the conditions below, complete the requested information and **include a copy of your birth certificate**. **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 feel free to contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()	Date of Birth [MM/DD/YYYY] / /
First Name		M.I.	Last Name	
Address				Apt. Number
City			State	Zip Code

Because I became a member of NYCERS within the period from July 27, 1976 to August 31, 1983, I am eligible to have my Vested Retirement Benefit processed as an Early Service Retirement Benefit available to Tier 4 members with Tier 3 rights. After having carefully read the information supplied to me by NYCERS, I hereby elect to have my Vested Retirement Benefit processed as a Tier 3 Early Service Retirement Benefit. I understand that this benefit may be reduced if I am less than 62 years old (refer to benefit reduction chart below).

I further understand that beginning with my 62nd birthday, my maximum retirement allowance (before reduction for a retirement option) will be further reduced by 50% of my Primary Social Security Benefit based upon wages earned from a public employer in New York City or New York State from which Social Security deductions were taken. **NOTE: This offset is not applicable to Correction Officers.**

AGE AT PAYABILITY	PERCENTAGE OF BENEFIT REDUCTION
62	none
61	6.7%
60	13.3%
59	16.7%
58	20.0%
57	23.3%
56	26.7%
55	30.0%

I would like to begin payability at age _____, and understand my benefit will have a _____ % reduction.

Sign this form and have it notarized, Page 2



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Member Number	Last 4 Digits of SSN

I, the undersigned, understand that by electing to receive my Vested Retirement Benefit under the Early Service Retirement I will have a reduced benefit.

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