



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



**Selection by Designated Beneficiary of Benefits Under Option One Payable as an Annuity Under Option B**

This form is for the designated beneficiary of a deceased Tier 1 member to elect to receive benefits under Option 1 as an Annuity under Option B. This form also allows such designated beneficiary to designate a beneficiary to receive benefits in the event he or she dies. **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.

First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code
Last 4 Digits of Social Security #	Home Phone Number	Email Address
	( )	

I hereby elect to have the actuarial value of the balance of the reserve payable under the provisions of the Administrative Code, by reason of the death of:

First Name	M.I.	Last Name	Last 4 Digits of SSN

registered in the New York City Employees' Retirement System as Member Number , paid to me in accordance with Option B as an annuity payable in monthly installments, with the provision that if I die before I have received the total amount of the reserve as certified at the time of death of the member specified above, the balance shall be paid in a lump sum to the person(s) I have designated below according to the percentages that I have allocated to each person(s). I understand that if I do not indicate any percentages, the balance will be divided in equal shares among the person(s) I have designated.

I am a  man  woman who was related to the aforementioned member as  Relationship

I was born on [MM/DD/YYYY]  
/ /

**Designation of Beneficiary(ies)**

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  %

**Sign this form and have it notarized, Page 2**



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

Designation of Beneficiaries continued:

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  %

In lieu of designating a person above, I am nominating my Estate. 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.

I understand that should I nominate more than one beneficiary the balance of the reserve will be paid according to the percentages I have indicated on this form. If no percentages are indicated, the death benefit will be shared equally. I understand that should I survive all beneficiary(ies), the balance of the reserve will be payable to my estate.

I hereby certify that my date of birth and sex are correct as herein stated and I agree that in case the date of birth is misstated, the amount payable by NYCERS shall be adjusted to the amount that would have been payable had no error been made herein.

Signature of Designated Beneficiary	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**