



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



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**Retirement Option 4-4
Tier 1 Members**

This application is for Tier 1 members who wish to elect Option 4-4 as their Retirement Benefit. The law requires that you file an option within 60 days of the date NYCERS mails a Retirement Options letter to you. In order for NYCERS to process this application, this form must be filled out in its entirety and notarized before submitting it for review. **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.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
				/ /
First Name		M.I.	Last Name	
In Care of (if applicable)				Daytime Phone Number
				()
Address			Apt. Number	
City			State	Zip Code

Option 4-4 is a reduced monthly retirement allowance, payable throughout your lifetime. Upon your passing, the reduced benefit will continue to be paid to your surviving beneficiary. **We require proof of date of birth for your designated beneficiary, as well as a marriage certificate if your beneficiary is a married woman.** If the designated beneficiary predeceases you, your retirement allowance will automatically revert to the Maximum Retirement Allowance. If you elect this option, you must designate a percentage, or a dollar amount, you wish to be continued to your designated beneficiary.

I wish my beneficiary to receive (choose only one)

% of such lesser retirement allowance **OR** \$ [dollar amount should be an annual figure]

The beneficiary whom I wish to nominate to receive a death benefit is:

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**

Sign this form and have it notarized, Page 2



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Member Number

Last 4 Digits of SSN

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I hereby elect to participate in Option 4-4 Retirement Benefit for Tier 1 members and confirm that the information given is, to the best of my knowledge, correct.

Signature of Member

Date

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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