



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



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**Retirement Option 4
Tier 2 Members**

This application is for Tier 2 members who wish to provide continuing income to their designated beneficiary upon their death. You are required to 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. **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.**

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 provides for a reduced monthly retirement allowance, payable throughout your lifetime. Upon your death, a percentage of the reduced monthly retirement allowance or a specific dollar amount will continue to be paid to your designated beneficiary. If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit equal to the balance of your Annuity Reserve will be paid to your beneficiary in addition to the total pension payable under Option 4. If you elect this option, you must indicate a percentage of the reduced monthly retirement allowance, or a specific dollar amount, you wish to be continued to your designated beneficiary in one of the boxes below.

I wish my beneficiary to receive (choose only one)

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

The beneficiary whom I wish to nominate to receive my reduced monthly retirement allowance is:

NOTE: NYCERS requires proof of date of birth for your designated beneficiary as well as a marriage certificate if your beneficiary is a married female (for last name verification purposes).

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	OR	Pension Number	Last 4 Digits of SSN

I hereby elect Option 4 for Tier 2 members and confirm that the information given is, to the best of my knowledge, correct.

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