



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



Selection by Beneficiary(ies) of a Tier 2 Member to Annuitize the Ordinary Death Benefit

This form gives the designated beneficiary(ies) of a Tier 2 member who died during active service the opportunity to choose to receive the Ordinary Death Benefit under Section 448 of Retirement and Social Security Law as an annuity, rather than as a lump sum payment. This form must be filed within 90 days after the date that NYCERS is notified of the member's death. **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.

Date [MM/DD/YYYY]	Last 4 Digits of SSN	Daytime Phone Number
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I am the designated beneficiary of:

First Name	M.I.	Last Name

registered in the New York City Employees' Retirement System as Member Number .

I am a [man/woman] who was related to the aforementioned member as

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

I hereby certify that the date of my 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.

I, the undersigned, elect to have the Ordinary Death Benefit or the portion thereof that I am entitled to, paid to me as an annuity in monthly installments.

Signature of Beneficiary	Date

Address	Apt. Number

City	State	Zip Code

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