



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



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**Retirement Option Election Form
Tier 1 - Option 4 (Five-Year Certain; Ten-Year Certain)**

Selecting an option allows you to continue your retirement benefits, after your death, to your designated beneficiary(ies). By selecting an option, you accept a reduced lifetime benefit. This form is for Tier 1 members who wish to select the Five-Year Certain Option or the Ten-Year Certain Option. **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 about this form, 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

Please indicate your election by marking one of the following choices and then designate your beneficiary(ies) on the following page(s):

Five-Year Certain I elect to receive a reduced monthly lifetime benefit. If I die within five years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to my designated beneficiary(ies) for the unexpired balance of the five-year period. In the event of the death of any of the beneficiaries within five years from the date of retirement, the benefit will be divided equally among my beneficiaries herein designated. In the event of my death and the death of all of my designated beneficiaries within five years after the date of my retirement, the unexpended benefit payments will be paid in a lump sum to my estate. Should I die later than five years following my effective retirement date, all retirement allowance payments shall thereupon cease.

Ten-Year Certain I elect to receive a reduced monthly lifetime benefit. If I die within ten years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to my designated beneficiary(ies) for the unexpired balance of the ten-year period. In the event of the death of any of the beneficiaries within ten years from the date of retirement, the benefit will be divided equally among my beneficiaries herein designated. In the event of my death and the death of all of my designated beneficiaries within ten years after the date of my retirement, the unexpended benefit payments will be paid in a lump sum to my estate. Should I die later than ten years following my effective retirement date, all retirement allowance payments shall thereupon cease.

Sign this form and have it notarized, Page 3



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Member Number	OR	Pension Number	Last 4 Digits of SSN

I understand that by checking this box, the benefits payable under the Option I elected on page 1 will be payable to my estate rather than to persons designated as my beneficiaries.

Designation of Primary Beneficiary(ies) Use your beneficiary's given name(s). (*Mary Smith not Mrs. John Smith*). **Please print neatly in ink.** I hereby name the following beneficiary(ies) to receive the benefit payable under my option selection on this form.

The beneficiary(ies) whom I wish to nominate to receive the benefit payable is (are):

Beneficiary Information	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**

Beneficiary Information	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**

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Empty rectangular box for stamp or marking.

Member Number OR Pension Number Last 4 Digits of SSN

Beneficiary Information section with fields for First Name, M.I., Last Name, Full Social Security Number, Date of Birth, Relationship, Address, Apt. Number, City, State, Zip Code.

If this beneficiary is a minor, check here and complete the guardian information on Form 137

Beneficiary Information section (repeated) with fields for First Name, M.I., Last Name, Full Social Security Number, Date of Birth, Relationship, Address, Apt. Number, City, State, Zip Code.

If this beneficiary is a minor, check here and complete the guardian information on Form 137

I understand that by selecting an option I am accepting a reduced lifetime retirement allowance in exchange for the payment of my benefit to my designated beneficiary(ies) or estate, upon my death.

Signature of Member and Date fields.

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 fields.

Empty rectangular box for notary seal.

Sign this form and have it notarized, THIS PAGE