Notice of Intention to File an Application for a Vested Retirement Benefit
Tier 1 and 2 Members (Except Corrections and Sanitation)

This application is for Tier 1 and Tier 2 members who wish to vest their retirement benefit. Vesting refers to your right to receive plan benefits even if you terminate employment before you are eligible for payment of a Service Retirement Benefit. Please note this application does not initiate payment. Once you become eligible for payment you will need to file form #261, Application for Payment. Please be sure to read the conditions below and complete the requested information. 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.

Please note: Members in the Tier 1 CPP (Plan A) or Tier 2 Modified CPP (Plan C) or Tier 2 TBTA may vest their retirement by first filing form #162 to switch to the appropriate ISF plan within their Tier. They must do so before resigning from City service and filing this application.

This application is not for uniformed force Sanitation members or Correction Officers. Please see the bottom of page 2 to determine which form you need if you are a member of these programs.

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For Tier 1 Members only:

I am a Tier 1 member enrolled in the (choose one):

- [ ] Plan B (ISF) (Payability Date: when member reaches age 55)
- [ ] 25-Year Retirement Program for Dispatcher Member (Payability Date: when member would have completed 25 years of Allowable Service as a Dispatcher Member)
- [ ] EMT 25-Year Retirement Program (Payability Date: when member would have completed 25 years of Allowable Service as an EMT Member)
- [ ] Special Officer 25-Year Retirement Program (Payability Date: when member would have completed 25 years of Allowable City Service)

For Tier 2 Members only:

I am a Tier 2 member enrolled in the (choose one):

- [ ] Plan D (Modified ISF) (Payability Date: when member reaches age 62 for an unreduced benefit or age 55 for a reduced benefit)
- [ ] 25-Year Retirement Program for District Attorney Investigators (IDA) (Payability Date: when member would have completed 25 years of Credited Service)
- [ ] 20-Year Retirement Program for District Attorney Investigators (Payability Date: when member would have completed 20 years of Credited Service)

Sign this form and have it notarized, Page 2
I Understand That:

1. The payment of a retirement benefit depends on my filing this application for payment with NYCERS.
   a) If this application is filed with NYCERS 90 days prior to reaching my retirement payability, the allowance becomes payable the date I meet such requirements.
   b) If this application is filed with NYCERS after I reach retirement payability, the allowance becomes payable on the date of the filing.

2. If I am eligible and withdraw my accumulated deductions, in whole or in part, my right to a Vested Retirement Benefit shall be terminated, and I will be required to file a Vested Retirement Waiver.

3. If I have less than 10 years of Credited Service and I die before the date my Vested Retirement is effective, my designated beneficiary (or estate) will receive only my accumulated deductions. However, if I have more than 10 years of Credited Service, my designated beneficiary (or estate) will receive a death benefit plus my accumulated deductions. This death benefit will be one-half of that which would have been payable if I had died on my last day of membership service.

4. Regular interest will continue to be credited on my accumulated deductions and reserve for ITHP in NYCERS, at the same rate as if I had not discontinued service. However, if my right to a Vested Retirement Benefit terminates for any reason, regular interest shall cease as of the date my right to a Vested Retirement Benefit terminates, or the date five years after my resignation, whichever date is later.

I, the undersigned, would like to vest my future retirement benefit.

Signature of Member

Date of Birth [MM/DD/YYYY]

/ /

Former Department

Resignation Date [MM/DD/YYYY]

/ /

Note: If you are a member of Tier 1 Sanitation 20-Year Plan, or Tier 2 20-Year Improved Benefit Retirement Plan for Sanitation Workers, please obtain NYCERS Form #269.

If you are a member of the Tier 1 Uniformed Correction 20-Year Plan or Tier 2 Modified Correction 20-Year Plan, 20-Year Improved Benefit Retirement Plan for Correction Officers below the rank of Captain or 20-Year Improved Benefit Retirement Plan for Correction Officers of the rank of Captain and above, please obtain NYCERS Form #263.

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

Sign this form and have it notarized, THIS PAGE