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30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



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NYCERS USE ONLY

F254

Notice of Intention to File for a Tier 3, 4, 6 or 22-Year Plan Vested Retirement Benefit

This application is for Tier 3, 4, 6 and 22-Year Plan 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 must file [Form #266 - Application for Payment of a Tier 3, 4, 6 or 22-Year Plan Vested Retirement Benefit](#).**

Please check one of the boxes below to indicate your Tier and plan. You must return all pages of this form even if you intentionally left any of them blank. **NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records.** If you have any questions regarding this form, please contact NYCERS' Call Center at (347) 643-3000.

No advance (partial) pension payment will be sent to you until NYCERS has acceptable proof of your birthdate on file.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Member Number | Last 4 Digits of SSN | Home Phone Number | Work Phone Number |
| <input type="text"/> | <input type="text"/> | () | () |
| First Name | M.I. | Last Name | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address | | | Apt. Number |
| <input type="text"/> | | | <input type="text"/> |
| City | State | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

I am a Tier 3 member enrolled in the following retirement plan [check only one]:

- | | |
|--|--|
| <input type="checkbox"/> Correction Officer 25-Year Plan (CO-25) | <input type="checkbox"/> Uniformed Correction Force 22-Year Plan (CF-22) |
| <input type="checkbox"/> Correction Officer 20-Year Plan (CO-20) | <input type="checkbox"/> Uniformed Sanitation Force 22-Year Plan (SA-22) |
| <input type="checkbox"/> Correction Captain 20-Year Plan (CC-20) | <input type="checkbox"/> DA Investigators 22-Year Plan (DA-22) |
| <input type="checkbox"/> Correction Force 20-Year Plan (CF-20) | |

I am a Tier 4 member enrolled in the following retirement plan [check only one]:

- Basic 62/5 Plan
- 57/5 Plan
- 57/5 Plan Physically Taxing (payable at age 50 with 25 years of physically taxing service)
- Sanitation 20-Year Plan
- Transit 25-Year/Age 55 Plan
- MTA Bridges and Tunnels (formerly TBTA) 20-Year/Age 50 Plan
- Dispatcher 25-Year Plan
- EMT 25-Year Plan
- Special Peace Officer 25-Year Plan
- Deputy Sheriff 25-Year Plan
- Automotive Service Worker 25-Year/Age 50 Plan
- Police Communications Operators (911 Operators) 25-Year Plan





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| | |
|---|---|
| Member Number | Last 4 Digits of SSN |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

I am a Tier 6 member enrolled in the following retirement plan [check only one]:

- Basic 63/5 Plan
- Transit 25-Year/Age 55 Plan
- TBTA 20-Year/Age 50 Plan
- Dispatcher 25-Year Plan
- EMT 25-Year Plan
- Special Peace Officer 25-Year Plan
- Deputy Sheriff 25-Year Plan
- Automotive Service Worker 25-Year/Age 50 Plan
- Police Communications Operators (911 Operators) 25-Year Plan

| | |
|---|---|
| Signature of Member | Date |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

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 they acknowledged to me that they 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** _____

DEATH BENEFIT FOR VESTED MEMBERS

With less than 10 years of Service

If you have less than 10 years of Credited Service, and you die before you become eligible for payment of your Vested Retirement Benefit, a refund of the Member's Accumulated Contributions, plus interest, is payable to your estate.

With more than 10 years of Service

If you have 10 or more years of Credited Service, and you die before you become eligible for payment of your Vested Retirement Benefit, your designated beneficiary/beneficiaries is eligible to receive one half of the Ordinary Death Benefit that would have been payable had you died on the last day of City service. Your designated beneficiary/beneficiaries is also eligible to receive a refund of your Accumulated Member Contributions, plus interest.

INSTRUCTIONS

Complete this form in its entirety, sign it, and mail it to NYCERS, 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. If you wish to file this form in person, visit NYCERS' Customer Service Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn.

