



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



NYCERS USE ONLY

F263

**Application for Deferred Vested Retirement Allowance
Tier 1 and Tier 2 Members of the Uniformed Force of the NYC Department of
Correction Who Discontinue Service Other Than By Death, Retirement or Dismissal**

This application is for Tier 1 and Tier 2 Uniformed Correction Force members who wish to file for a Deferred Vested Retirement. This form must be filed with NYCERS at least 30 days prior to discontinuance from City service. This form serves as both your notice of intent to vest, as well as for payment of a future Vested Retirement Benefit. 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 NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions, please contact NYCERS Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()
First Name	M.I.	Last Name	
Address		Apt. Number	
City	State	Zip Code	
Title	Date of Resignation [MM/DD/YYYY] / /		

Important: This form must be filed with NYCERS at least 30 days prior to discontinuance from City service.

I understand that:

1. My Deferred Retirement Allowance will vest automatically upon my resignation and will become payable on the earliest date which I could have retired for service if I had not resigned.
2. I will have a vested right to a Deferred Retirement Allowance if prior to my resignation I completed five or more years of Allowable Service.
3. This application will be invalid if I discontinue service less than 30 days after the date of filing this application with NYCERS.
4. My vested right to a Deferred Retirement Allowance will be forfeited if I hereafter withdraw my accumulated deductions in whole or in part.
5. Regular interest continues to accrue for five years after resignation on my accumulated deductions and reserve for Increased Take-Home-Pay (ITHP) at the same rate as if I had continued service. However, if my right to a Deferred Retirement Allowance terminates, regular interest shall cease on the date of such termination, or the date five years from my resignation, whichever date is **LATER**.
6. If I have less than ten years of Credited Service and I die before the date my Deferred Vested Retirement is effective, my designated beneficiary (or estate) will receive only my accumulated deductions. However, if I have more than ten 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.
7. This application is valid only if my service was discontinued other than because of death, retirement or dismissal.





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

Member Number	Last 4 Digits of SSN

Federal Tax Withholding – For complete instructions, refer to www.irs.gov/forms-pubs/about-form-w-4-p. If you do not complete this election, your tax deduction will be defaulted to “Single” with all other fields set to 0 (zero).

If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.

1. <input type="checkbox"/> Single or Married, filing separately	2. <input type="checkbox"/> Married, filing jointly or Qualifying widow(er)	3. <input type="checkbox"/> Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse’s taxable income if filing jointly): \$ _____ (If you (or your spouse) have a job, do not complete Steps 3-7 on this form.)		
3. Number of qualifying children under age 17: _____	× \$2,000 =	\$ _____
4. Number of other dependents: _____	× \$500 =	\$ _____
5. Other credits: _____		\$ _____
Add lines 3 - 5. Total Credits		= \$ _____
(Fields 6-8 are OPTIONAL.)		
6. Other income: \$ _____	7. Other deductions: \$ _____	8. Extra withholding: \$ _____
9. <input type="checkbox"/> Do not withhold Federal income tax from my pension.		

I, the undersigned, hereby make application for a Deferred Vested Retirement Allowance.

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 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** _____

