



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



NYCERS USE ONLY

F265

Application for Payment of a Vested Retirement Benefit Tier 4 Members with Tier 3 Rights

This application is for Tier 4 members with Tier 3 rights who wish to receive payment of their Vested Retirement Benefit. When you left City service you filled out Form #283 Affidavit for Payment of a Vested Retirement Benefit, to vest your retirement benefit. It is important that you read the conditions below. Please be sure that you nominate a beneficiary or your estate to receive a death benefit payable should you die while in City service. You may only nominate one or the other. **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 regarding this application, please contact NYCERS' Call Center at (347) 643-3000.

No advance (partial) pension payment will be sent to you until NYCERS has a copy of your birth certificate 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"/>	

Option Selection

Once your eligibility is verified and this form is processed, you will receive a letter from NYCERS providing the full compliment of retirement options available. In the interim, to afford you maximum protection from the date of your vested retirement until the date of your first full payment, you must select a temporary retirement option, as well as a beneficiary. Once vested, if you should die before selecting either of the options, or if you fail to name a beneficiary, **NO DEATH BENEFIT WILL BE PAYABLE FROM NYCERS.**

The two temporary options are: The Ten-Year Certain Option, and the 100% Joint-and-Survivor Option. Please read the descriptions of both, before choosing your retirement option. Please choose only one of the following:

Ten-Year Certain

If you die within ten years from the date of your retirement, the reduced monthly retirement benefit will continue to be paid to your surviving primary beneficiary for the unexpired balance of the ten-year period. If the designated primary beneficiary predeceases you, the balance of the payment continues to your contingent beneficiary. If none exists, it is paid in a lump-sum to your estate. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump-sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the estate of the primary beneficiary. You may nominate both a primary and a contingent beneficiary under this option.

100% Joint-and-Survivor

This option assures you and your designated beneficiary a reduced benefit for lifetime. Should you die, your designated beneficiary will receive the same lifetime benefit. Because this option guarantees two specific people an income for life, the life expectancies of the retiree as well as the beneficiary are taken into consideration. Therefore, once you designate a beneficiary and the option is in force, you cannot change your beneficiary designation, even if they precede you in death. You may only nominate a primary beneficiary under this option.





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<input type="text"/>	<input type="text"/>

Beneficiary Selection

This is split into two sections: Section A - Designation of Beneficiary and Section B - Nomination of Your Estate. It is important that you only fill out one section. If you fill out both, your selection will be voided.

Section A - Designation of Beneficiary

A designated beneficiary is the person on file at NYCERS to receive a survivor benefit payable upon the death of a member in active service. If you decide to nominate your estate rather than a person **DO NOT FILL OUT THIS SECTION**, and see Section B.

The beneficiary whom I wish to nominate to receive my benefit is:

Primary Beneficiary

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<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"/>

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing **Form #137**.

If I have chosen the Ten-Year Certain and my designated primary beneficiary dies before the Ten-Year period expires, the contingent beneficiary whom I nominate to receive benefits is:

Contingent Beneficiary

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<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"/>

If this beneficiary is a minor, you have the option to name a custodian of the property of the minor by checking this box and completing **Form #137**.

Stop and Read

Section B - Designation of Estate

Please initial the box below if you wish to nominate your estate. You may not fill in the above section if you fill out part B.

I am nominating my Estate as my beneficiary for my regular death benefit. I understand that in order for this selection to be valid **I may not write in any other beneficiary's name on this form**, and I have, in fact, left all other Designation of Beneficiary sections on this form blank.

Should your death be the result of an on-the-job accident, an accidental death benefit is payable upon application in this priority: spouse (who has not remarried), child under the age 25, dependent parent, or any other qualified dependent under the age of 21. If no such beneficiary exists, then your benefit is payable to the names you list on this form.





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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	<input type="checkbox"/> Married, filing jointly or Qualifying widow(er)	<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:	_____ x \$2,000 =	\$ _____
4. Number of other dependents:	_____ x \$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 payment of a Vested Retirement Benefit under the provisions of Article 14 of the Retirement and Social Security Law (RSSL).

Signature of Member	Date
<input type="text"/>	<input 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** _____

