



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



NYCERS USE ONLY

F266

Application for Payment Tier 3, 4, 6 or 22-Year Plan Vested Retirement Benefit

This application is for Tier 3, 4, 6 and 22-Year Plan vested members who wish to receive payment of their Vested Retirement Benefit. Please check one of the boxes below to indicate your Tier and plan. **Read the Temporary Option Election instructions on page 2 before completing this application.** Sign the application, have it notarized, and mail it to NYCERS at the address above. **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, or if you wish to elect an option other than one of the two provided on 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]:

I am a Tier 1 member enrolled in the (choose 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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I am a Tier 6 member enrolled in the following retirement plan [check only one]:

- Basic 63/10 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

Returning to Work: Service retirees who return to public service within New York City or New York State may be subject to earnings limitations. For complete details, see NYCERS' Brochure #958 - Earnings Limitations for Service Retirees.

Post-Retirement Death Benefit: If applicable, you may be eligible for a Post-Retirement Death Benefit (PRDB). You may designate a beneficiary for the PRDB on Form #501 - Designation of Beneficiary/Beneficiaries Post-Retirement Lump-Sum Death Benefit. If you do not designate a beneficiary for the PRDB, the benefit will be paid to your Estate.

Temporary Option Election

This application allows you to elect one of two temporary retirement options for the period of time between the payability date of your Vested Retirement Benefit and the date NYCERS receives your Permanent Retirement Option Election Form (the "Interim Period"). If you die during the Interim Period, the beneficiary you name below will receive a continuing benefit after your death. You must elect one of these two options to get this protection.

The two temporary options are: the 100% Joint-and-Survivor Option and the Ten-Year Certain Option. Please provide information about your beneficiary/beneficiaries following the option you have elected. Print neatly and in ink. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith).

- **If you choose the 100% Joint-and-Survivor Option**, you may designate only one beneficiary. Under this option, NYCERS requires proof of birthdate for your beneficiary as well as additional valid documentation, such as a marriage certificate(s), if your beneficiary's name is different from the name on the birthdate evidence you submit.
- **If you choose the Ten-Year Certain Option**, you may designate only one primary and one contingent beneficiary, or your Estate, and birthdate evidence for your beneficiary is not required.

If you do not elect a temporary option and you die before you have elected a permanent option, you will be deemed to have elected the Maximum Retirement Allowance as your temporary option and your pension will not continue upon your death.

Option Package

After your retirement date, NYCERS will send you an option package containing information regarding the amounts payable under the Maximum Retirement Allowance and the various options available. The package will include Permanent Retirement Option Election forms. Even if you are satisfied with the temporary option you elect on this form, you will be required, within 60 days of the date NYCERS mails you the option package, to make a permanent election of either the Maximum Retirement Allowance or an option that pays a benefit to your beneficiary/beneficiaries. With the Maximum Retirement Allowance, all payments cease at the time of your death. If you elect a joint-and-survivor option, that beneficiary's life expectancy is factored into the calculation. If you fail to elect a permanent option in the time specified, you will be finalized under the temporary option elected on this form. If you do not elect a temporary option on this form and you do not file a permanent option election, you will be finalized under the Maximum Retirement Allowance.





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100% Joint-and-Survivor
This option assures you and your designated beneficiary a reduced lifetime benefit. Upon your death, 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 nominate only a primary beneficiary under this option.

Joint-and-Survivor 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**.

--OR--

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 payments due for the remainder of the ten-year period will be paid in a lump sum to your contingent beneficiary or, if none exists, 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.

Tier 3 and 22-Year Plan members: You may nominate your Estate instead of a person. You may name a Trust or nonprofit organization as a Contingent Beneficiary only – NYCERS will not pay a continuing benefit to a Trust or nonprofit organization, only to a person.

Tier 4, Tier 6 and Special Plan members: You may not nominate an Estate as either the Primary or Contingent Beneficiary. You may name a Trust or nonprofit organization as a Contingent Beneficiary only – NYCERS will not pay a continuing benefit to a Trust or nonprofit organization, only to a person.

Ten-Year Certain 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**.





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Ten-Year Certain Contingent Beneficiary

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

--OR--

Designation of Estate as Beneficiary – TIER 3 and 22-YEAR PLAN MEMBERS ONLY

I understand that by checking this box, the benefit payable under the Ten-Year Certain option will be payable to my Estate.

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: _____	× \$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 payment of a Vested Retirement Benefit under the applicable provision of the Retirement and Social Security Law (RSSL).

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** _____

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