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Long Island City, NY 11101



NYCERS USE ONLY

F283

Affidavit for Payment of a Vested Retirement Benefit Tier 3 and Tier 4 Members with Tier 3 Rights Electing Payment of an Early Service Retirement Benefit

This Affidavit is for Tier 3 and Tier 4 members with Tier 3 rights who wish to receive payment for their Vested Retirement Benefit under the Early Service Retirement provisions. Please read the conditions below, complete the requested information and **include a copy of your birth certificate**. **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, please contact NYCERS' Call Center at 347-643-3000.

| | | | |
|--|--|--|--|
| Member Number | Last 4 of SSN | Home/Mobile Phone | Date of Birth |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| First Name | M.I. | Last Name | |
| <input style="width: 45%;" type="text"/> | <input style="width: 10%;" type="text"/> | <input style="width: 45%;" type="text"/> | |
| Address | | | Apt. Number |
| <input style="width: 95%;" type="text"/> | | | <input style="width: 20%;" type="text"/> |
| City | State | Zip Code | |
| <input style="width: 65%;" type="text"/> | <input style="width: 10%;" type="text"/> | <input style="width: 25%;" type="text"/> | |

Because I am either a Tier 3 NYCERS member, or became a NYCERS member within the period from July 27, 1976 to August 31, 1983 and therefore am a Tier 4 member with Tier 3 rights, I am eligible to have my Vested Retirement Benefit processed as an Early Service Retirement Benefit. After having carefully read the information supplied to me by NYCERS, I hereby elect to have my Vested Retirement Benefit processed as a Tier 3 Early Service Retirement Benefit. I understand that this benefit will be reduced if I am less than 62 years old (refer to benefit reduction chart below).

I further understand that beginning with my 62nd birthday, my maximum retirement (before a reduction for a retirement option), will be reduced by 50% of any Primary Social Security Benefit from wages earned in public employment with New York State or New York City.

| Age at Payability | 62 | 61 | 60 | 59 | 58 | 57 | 56 | 55 |
|---------------------------------|------|------|-------|-------|-----|-------|-------|-----|
| Percentage of Benefit Reduction | None | 6.7% | 13.3% | 16.7% | 20% | 23.3% | 26.7% | 30% |

I would like to begin payability at age _____, and understand my benefit will have a _____ % reduction.

I, the undersigned, understand that by electing to receive my Vested Retirement Benefit under the Early Service Retirement I will have a reduced benefit.

| | |
|--|--|
| Signature | Date |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" 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 he or she acknowledged to me that he or she 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** _____

