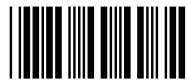




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



NYCERS USE ONLY

F366

Selection by Designated Beneficiary of Benefits Under Option One Payable as an Annuity Under Option A

This form is for the designated beneficiary of a deceased Tier 1 member to elect to receive benefits under Option 1 as an Annuity under Option A. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions, please contact our Call Center at 347-643-3000.

Date [MM/DD/YYYY]
/ /

I hereby elect to have the actuarial value of the balance of the reserve payable under the provisions of the Administrative Code, by reason of the death of

First Name _____ M.I. _____ Last Name _____

registered in the New York City Employees' Retirement System as Member Number _____, paid to me in accordance

with Option A in providing an annuity payable in monthly installments for life, with all payments ceasing at death.

I am a man who was related to the aforementioned member as _____ Relationship _____
 woman _____

I was born on [MM/DD/YYYY]
/ / .

I hereby certify that the date of my birth and sex are correct as herein stated and I agree that in case the date of birth is misstated, the amount payable by NYCERS shall be adjusted to the amount that would have been payable had no error been made herein.

Signature of Designated Beneficiary _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

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 _____