



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



NYCERS USE ONLY

F367

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

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 B. This form also allows such designated beneficiary to designate a beneficiary to receive benefits in the event he or she dies. **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.

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"/>

Last 4 Digits of Social Security #	Home Phone Number	Email Address
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

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	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

registered in the New York City Employees' Retirement System as Member Number , paid to me in accordance with Option B as an annuity payable in monthly installments, with the provision that if I die before I have received the total amount of the reserve as certified at the time of death of the member specified above, the balance shall be paid in a lump sum to the person(s) I have designated below according to the percentages that I have allocated to each person(s). I understand that if I do not indicate any percentages, the balance will be divided in equal shares among the person(s) I have designated.

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

I was born on [MM/DD/YYYY]

Designation of Beneficiary(ies)

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 under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. Percentage %

Sign this form and have it notarized, Page 2





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Designation of Beneficiaries continued:

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 under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing **Form #137**. Percentage %

In lieu of designating a person above, I am nominating my Estate. 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.

I understand that should I nominate more than one beneficiary the balance of the reserve will be paid according to the percentages I have indicated on this form. If no percentages are indicated, the death benefit will be shared equally. I understand that should I survive all beneficiary(ies), the balance of the reserve will be payable to my estate. I hereby certify that my date of 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	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 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 _____

Sign this form and have it notarized, THIS PAGE