



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



**Report of Beneficiary's Death - Pop-Up Option Elected  
All Tiers**

This form is for NYCERS pensioners who selected a pop-up option at the time of retirement and whose designated beneficiary has passed away. In order for your retirement allowance to now "pop up" to the maximum amount, you must report the beneficiary's death by completing this form and returning it to NYCERS together with the **original** Death Certificate. **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.** If you need further assistance, please contact our Call Center at (347) 643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Daytime Phone
				(    )

First Name	M.I.	Last Name

In care of (if applicable)

Address	Apt. Number

City	State	Zip Code

Beneficiary's First Name	M.I.	Beneficiary's Last Name	Last 4 Digits of SSN

Date of Birth [MM/DD/YYYY]	Date of Death [MM/DD/YYYY]	Relationship	Sex (M or F)
/    /	/    /		

Check this box if you have already sent the beneficiary's **original** Death Certificate to NYCERS.

Check this box if you would like NYCERS to return the Death Certificate to you.

Signature of Pensioner	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**