



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



Save time by applying online.
upload via [mynycers.org](http://www.mynycers.org)

NYCERS USE ONLY

F561

Retirement Option Election Form Tier 1 – Option 4 (Five-Year Certain; Ten-Year Certain)

Selecting an option allows you to continue your retirement benefits, after your death, to your designated beneficiary/beneficiaries. By selecting an option, you accept a reduced lifetime benefit. This form is for Tier 1 retirees who wish to select the Five-Year Certain Option or the Ten-Year Certain Option. **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.** Should you have any questions about this form, please contact NYCERS' Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
<input type="text"/>		<input type="text"/>	<input type="text"/>	/ /
First Name		M.I.	Last Name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
In Care of (if applicable)				Daytime Phone Number
<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"/>
Email Address				
<input type="text"/>				

Please indicate your election by marking one of the following choices and then designate your beneficiary/beneficiaries on the following page(s):

Five-Year Certain I elect to receive a reduced monthly lifetime benefit. If I die within five years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to my designated beneficiary/beneficiaries for the unexpired balance of the five-year period. In the event of the death of any of the beneficiaries within five years from the date of retirement, the benefit will be divided equally among my beneficiaries herein designated. In the event of my death and the death of all of my designated beneficiaries within five years after the date of my retirement, the unexpended benefit payments will be paid in a lump sum to my estate. Should I die later than five years following my effective retirement date, all retirement allowance payments shall thereupon cease.

Ten-Year Certain I elect to receive a reduced monthly lifetime benefit. If I die within ten years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to my designated beneficiary/beneficiaries for the unexpired balance of the ten-year period. In the event of the death of any of the beneficiaries within ten years from the date of retirement, the benefit will be divided equally among my beneficiaries herein designated. In the event of my death and the death of all of my designated beneficiaries within ten years after the date of my retirement, the unexpended benefit payments will be paid in a lump sum to my estate. Should I die later than ten years following my effective retirement date, all retirement allowance payments shall thereupon cease.

I understand that by checking this box, the benefits payable under the Option I elected on page 1 will be payable to my estate rather than to persons designated as my beneficiaries.





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

NYCERS USE ONLY

F561

Member Number OR Pension Number Last 4 Digits of SSN

--	--	--	--	--

Designation of Primary Beneficiary/Beneficiaries

Use your beneficiary's given name. (Mary Smith not Mrs. John Smith) **Please print neatly in ink.** I hereby name the following beneficiary/beneficiaries to receive the benefit payable under my option selection on this form.

The beneficiary/beneficiaries whom I wish to nominate to receive my death benefit is/are:

Primary 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	Country

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**.

Primary 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	Country

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**.

Primary 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	Country

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**.





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

NYCERS USE ONLY

F561

Member Number OR	Pension Number	Last 4 Digits of SSN

Primary 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	Country

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**.

I understand that by selecting an option I am accepting a reduced lifetime retirement allowance in exchange for the payment of my benefit to my designated beneficiary/beneficiaries or estate, upon my death.

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.

Signature of Notary Public or Commissioner of Deeds _____
Official Title _____ **Expiration Date of Commission** _____

If you have an official seal, AFFIX IT

