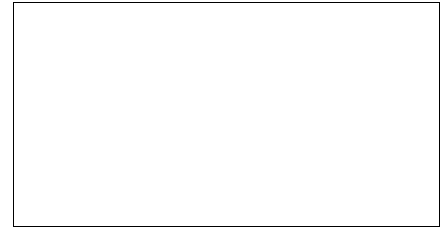




Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



**Retirement Option Election Form  
Tier 4 and Tier 6 – Five-Year and Ten-Year Certain**

This Retirement Option Election Form allows you to elect an option that provides a continuing benefit to your designated beneficiary after your death. By electing a retirement option, you will receive a reduced lifetime benefit. If you do not choose an option **within 60 days** of receiving NYCERS' Option letter, you will automatically be retired under the interim option you selected. Submit **ONLY ONE** Retirement Option Election form.

If you wish to elect an option on this form, complete the form in its entirety, sign it, have it notarized, and send it to NYCERS at the address below. If you wish to file this form in person, visit our Customer Service Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn. If you have any questions regarding this form, please contact our Call Center at (347) 643-3000. If you wish to elect an option other than the two listed, please contact NYCERS for the appropriate form. **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.**

Member Number	OR	Pension Number	Last 4 Digits of SSN	Date of Birth [MM/DD/YYYY]
				/ /
First Name		M.I.	Last Name	
In Care of (if applicable)				Daytime Phone Number
				( )
Address			Apt. Number	
City			State	Zip Code

**ELECT AN OPTION (choose only one)**

The option you elect is important to both you and your beneficiary. Please read the option descriptions below and elect the option that best meets your needs. Double-check that you have marked the box for the option you wish to elect and that you have provided beneficiary information, because you are determining how your pension will be paid. Do not alter anything on this form, as that will render it invalid.

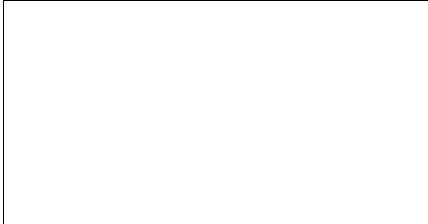
**Please indicate your election by marking one of the following:**

- 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 the designated primary beneficiary for the unexpired balance of the five-year period. In the event of the death of the primary beneficiary after such beneficiary has begun to receive payment, the unexpended benefit will be paid in a lump sum to the contingent beneficiary or, if no contingent beneficiary exists, to the estate of the primary beneficiary.
- 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 the designated primary beneficiary for the unexpired balance of the ten-year period. In the event of the death of the primary beneficiary after such beneficiary has begun to receive payment, the unexpended benefit will be paid in a lump sum to the contingent beneficiary or, if no contingent beneficiary exists, to the estate of the primary beneficiary.

**Sign this form and have it notarized, Page 3**



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Long Island City, NY 11101



Member Number OR Pension Number Last 4 Digits of SSN
[Empty input fields]

DESIGNATE YOUR BENEFICIARY(IES)

Please provide information about your beneficiary(ies) below. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). You may designate one primary and one contingent beneficiary. Tier 4 and Tier 6 members may NOT designate your Estate for the Five- or Ten-Year Certain Option. Under these options, you may change your beneficiary(ies) at any time within the five- or ten-year period. For each change of beneficiary, you must submit another Retirement Option Election form.

Designation of Primary Beneficiary

I hereby name the following Primary Beneficiary to receive any benefit payable on my behalf:

Primary Beneficiary form with fields: 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 a minor, check here and complete the guardian information on Form # 137. If Form # 137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

Designation of Contingent Beneficiary

If my Primary Beneficiary dies before collecting the entire benefit, the Contingent Beneficiary whom I nominate to receive benefits is:

Contingent Beneficiary form with fields: 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 a minor, check here and complete the guardian information on Form # 137. If Form # 137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

Sign this form and have it notarized, Page 3



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Long Island City, NY 11101

Member Number	OR	Pension Number	Last 4 Digits of SSN

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, upon my death.

<b>Signature of Member</b>	<b>Date</b>

**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**