





M - F, 8am to 5pm

Long Island City, NY 11101

NYCERS USE ONLY

F555

Retirement Option Election Form - Tier 3 and 22-Year Plan Members - Maximum, Option 1, Option 2, and Option 5

Fact Sheets at

Mezzanine level

This Retirement Option Election Form allows you to elect either the Maximum Retirement Allowance or an option that provides a continuing benefit to your designated beneficiary after your death. By electing a retirement option, you will receive a reduced retirement 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 make an election on this form, complete this form in its entirety, sign it, have it notarized, and send it to NYCERS at the mailing address above. 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. If you have any questions regarding this form, please contact NYCERS' Call Center at (347) 643-3000.

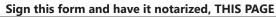
Member Number O		Pension Number		ast 4 Digits of SSN	Date of Birth [MM/DD/YYYY]						
						/					
First Name			M.I.	Last Name							
In Care of (if applicab	10)				Doutimo Di	aona Numbar					
In Care of (if applicab	16)	Daytime Phone Number									
A 11	Ant Numb	Apt. Number									
Address					Apt. Numb	er					
City					State	Zip Code					
Email Address											
the one that best fulfill	s importar s your nec	nt to both you and your b	-	Please be sure you underst	and the nature of	each option, and elec-					
☐ Maximum		I elect to receive the maximum lifetime retirement allowance payable to me. I understand that all payments cease upon my death, and that under this option I cannot elect a beneficiary.									
The option you elect that best meets your n beneficiary informatio render it invalid. NYC	is importa eeds. Dou n, because ERS req	able-check that you have be you are determining hour cuires proof of birthdate	r beneficiar marked the ow your per for your b	y. Please read the option of box for the option you wasion will be paid. Do not eneficiary, as well as adding the known by that are different controls.	rish to elect and the alter anything on itional valid docu	hat you have provided this form, as that will imentation, such as a					
Option 1 Joint-and-Surviv	or	I elect to receive a reduced lifetime retirement allowance. If I die before my beneficiary, the same monthly amount will continue to be paid to them for life. If my beneficiary predeceases me, all payments will cease upon my death. I understand that I cannot change my beneficiary once this option election is in force.									
Option 2 Joint-and-Surviv 10 - 90%	me, all payments will cease upon my death. I understand that I cannot change my beneficiary once this option is in force. [You must put a percentage in an increment of 10% in the box below in order										
		The percentage I wish to	be continu	ed to my beneficiary is	%						
R01/23				e it notarized, Page 2		Page 1 of 2					
340 Jay Street BI	dyn NY	Forms, Brochures,	IInloa	d Documents at	43-3000	30-30 47th Avenue 10th FI					

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ALLENY GERO 30	ail Completed Forms 0-30 47th Avenue, 10th ong Island City, NY 1110	FI				
Member Number OR Pen	sion Number	Last 4 Digits of SS	SN			
Option 5 Pop-Up Joint-and-Survivor 100%	monthly amou	ant will continue to l be changed to the	be paid to Maximum	them for life. It amount and all I	I die before my benefici f my beneficiary predect payments will cease upo n election is in force.	eases me, my
Option 5 Pop-Up Joint-and-Survivor 50%	(50%) of my my allowance	retirement allowance	e will conti he Maximu	nue to them for lum amount and all	I die before my beneficife. If my beneficiary propayments will cease upon is in force.	edeceases me,
Designate Your Benefici	ary for Joint-and	d-Survivor Option	1			
Please provide information a one beneficiary may be nam provide any beneficiary in	ed in a Joint-and-S					
First Name		M.I.	Last N	Vame		
Full Social Security Number		 Date of Birth [MM/D	D/VVVV1	Relat	ionship	
Tun Social Security Number			/	Telat	лоныпр	
Address					Apt. Number	
City			State	Zip Code	Country	
If this beneficiary is und and completing Form #		ou have the option to	o name a g	uardian of the pro	perty of the minor by che	ecking this box
	This form must be	e acknowledged before	a Notary Pub	lic or Commissioner	of Deeds.	
State of County of		On this day of _	-	20, persona	ally If you have an offici	al seal, AFFIX IT
appeared before me the above and known to me to be the ir acknowledged to me that the	dividual described i	n and who executed to	he foregoing	g instrument, and th	ney	

Official Title





Expiration Date of Commission





Signature of Notary Public or Commissioner of Deeds