



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



NYCERS USE ONLY

F557

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## Retirement Option 4 Tier 1 Members

This application is for Tier 1 retirees who wish to select Retirement Option 4. Option Selection must be made within 60 days of the date NYCERS mails a Retirement Options letter to you. In order for NYCERS to process this application, it must be filled out in its entirety and notarized. **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 regarding this application, 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"/>	<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"/>				<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"/>	
Email Address				
<input type="text"/>				

Option 4 is a reduced monthly retirement allowance payable throughout your lifetime. Upon your passing, the reduced benefit will continue to be paid to your surviving beneficiary. **NYCERS requires proof of birthdate for your beneficiary, as well as additional valid documentation, such as a marriage certificate(s), for all names that your beneficiary has been known by that are different from the name on the birthdate evidence you submit.** If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit under Option 1 will be paid to your beneficiary. If you would prefer that your beneficiary receive payment under Option 4 instead, place your initials in this box.

Please indicate a percentage or a dollar amount you would like to be continued to your designated beneficiary.

**I wish my beneficiary to receive (choose only one)**

% of such reduced retirement allowance      **OR**      \$  [dollar amount should be an annual figure]

**The beneficiary whom I would like to nominate to receive a death benefit is:**

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"/> / <input type="text"/>		<input type="text"/>	
Address			Apt. Number	
<input type="text"/>			<input type="text"/>	
City	State	Zip Code	Country	
<input type="text"/>	<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**.





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Member Number OR Pension Number Last 4 Digits of SSN

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I hereby elect Option 4 for Tier 1 members and confirm that the information given is, to the best of my knowledge, correct.

**Signature of Member**

**Date**

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**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.

**If you have an official seal, AFFIX IT**

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

