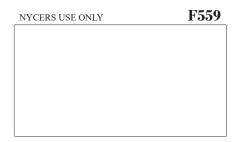




## Save time by applying online. www.nycers.org

## **Retirement Option 4 Tier 2 Members**



This application is for Tier 2 retirees who wish to provide continuing income to their designated beneficiary upon their death. You are required to file an option within 60 days of the date NYCERS mails a Retirement Options letter to you. In order for NYCERS to process this application, this form must be filled out in its entirety and notarized before submitting. 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.

Member Number	OR	Pension Nun	nber	La	st 4 Digits	of SSN	]	Date of Bir	th [MM/DD/YYYY]
									/ /
First Name				M.I.	Last Nan	ne			
In Care of (if applicable)								Daytime D	hone Number
in Care of (if applicable)								( )	none runnoer
Address								Apt. Numb	.ar
Address								Apt. Nume	001
City								State	Zip Code
Email Address									
Option 4. If you elect the dollar amount, you wish  I wish my beneficiary to  % of such reduced  The beneficiary whom I	receiv	e (choose only	your designate y one) e OR	ed benefi	ciary in on	e of the bo	oxes belov	<b>v.</b> nt should b	owance, or a specific
NOTE: NYCERS requir certificate(s), for all name you submit.	es pro	of of birthdat	te for your ben	eficiary,	as well as a	additional <sup>1</sup>	valid doc	umentatio	
First Name				M.I.	Last Nam	ne			
Full Social Security Num	oer		Date of Birth [1	MM/DD/	YYYY]	Ro	elationshi	p	
			,	/	/				
Address								Apt. Numl	per
City				St	ate	Zip Code	2	Country	
If this beneficiary is u			ou have the op	tion to n	ame a guaro	lian of the	property (	of the mino	or by checking this bo

R01/23







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Sign this form and have it notarized, Page 2



Member Number OR	Pension Number	Last 4 Digits of SSN

NYCERS USE ONLY	F559

I hereby elect Option 4 for Tier 2 members and confirm that the information given is, to the best of my knowledge, correct.

Signature of Member	Date		
This form must	pe acknowledged before a Nota	ry Public or Commissioner of De	eds.
State of County of appeared before me the above named, and known to me to be the individual described acknowledged to me that they executed the sa Signature of Notary Public or Commissioner of I Official Title	If you have an official seal, AFFIX IT		







