



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



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NYCERS USE ONLY

F552

Retirement Option Election Form for Tier 1 and Tier 2 Maximum, Option 2, Option 3, Option 4-2, Option 4-3

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 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"/>
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"/>				

Electing an Option

The law requires that you file your option election within 60 days of the date NYCERS mails a Retirement Options letter to you. The option you elect is important to both you and your beneficiary. Be sure you understand each option, and elect the one that best fulfills your needs. Double check that you have marked the proper box for the option that you wish to elect, because you are selecting how your pension will be paid. Please do not make any alterations to this form, as that will render it invalid. **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.** When you have completed this form, sign it, have it notarized, and mail it to NYCERS, 30-30 47th Avenue, 10th Floor, Long Island City, NY 11101. NYCERS will acknowledge receipt of the option you have selected.

Please indicate your election by marking one of the following:

- 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.
- Option 2**
Joint-and-Survivor 100%

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. **If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit (the balance of your Total Reserve for Tier 1; the balance of your Annuity Reserve for Tier 2) under Option 1 will be paid to your beneficiary. Details on Option 1 are contained on a separate election form within your Options packet. If you would prefer that your beneficiary receive payment under Option 2 instead, place your initials in this box.**

Initial Here
- Option 3**
Joint-and-Survivor 50%

I elect to receive a reduced lifetime retirement allowance. If I die before my beneficiary, one-half (50%) of my retirement allowance 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 is in force. **If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit (the balance of your Total Reserve for Tier 1; the balance of your Annuity Reserve for Tier 2) under Option 1 will be paid to your beneficiary. Details on Option 1 are contained on a separate election form within your Options packet. If you would prefer that your beneficiary receive payment under Option 3 instead, place your initials in this box.**

Initial Here





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Member Number OR Pension Number Last 4 Digits of SSN

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Option 4-2
Pop-Up
Joint-and-Survivor
100%

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, my allowance will be changed to the Maximum amount and all payments will cease upon my death. I understand that I cannot change my beneficiary once this option election is in force. **If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit (the balance of your Total Reserve for Tier 1; the balance of your Annuity Reserve for Tier 2) under Option 1 will be paid to your beneficiary. Details on Option 1 are contained on a separate election form within your Options packet. If you would prefer that your beneficiary receive payment under Option 4-2 instead, place your initials in this box.**

Initial Here

Option 4-3
Pop-Up
Joint-and-Survivor
50%

I elect to receive a reduced lifetime retirement allowance. If I die before my beneficiary, one-half (50%) of my retirement allowance will continue to them for life. If my beneficiary predeceases me, my allowance will be changed to the Maximum amount and all payments will cease upon my death. I understand that I cannot change my beneficiary once this option is in force. **If you should die after the effective date of your retirement but before you receive your first full retirement payment, a benefit (the balance of your Total Reserve for Tier 1; the balance of your Annuity Reserve for Tier 2) under Option 1 will be paid to your beneficiary. Details on Option 1 are contained on a separate election form within your Options packet. If you would prefer that your beneficiary receive payment under Option 4-3 instead, place your initials in this box.**

Initial Here

Only one beneficiary may be named in a Joint-and-Survivor or Pop-Up Option. If you elect the Maximum Allowance, do not provide any beneficiary information.

Information about your beneficiary. Please print plainly in ink. Use your beneficiary's given name. (Mary Smith not Mrs. John Smith)

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**.

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** _____

