



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



Save time by applying online.
www.nycers.org

NYCERS USE ONLY

F556

Retirement Option Election Form for Tier 4 and Tier 6 63/5 & Special Plan Members -- Maximum, Option 1, Option 2, and Option 5

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. **NOTE: If the address you provide on this form is different from the address in NYCERS' system, the new address will become your official address in NYCERS' records.**

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. If you have any questions regarding this form, 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"/>
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"/>				

Please indicate your election by marking one of the following:

Elect Maximum Retirement Option

- 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 election I cannot elect a beneficiary.

--OR--

Elect a Joint-and-Survivor 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. 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.

- Option 1**
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.
- Option 2**
Joint-and-Survivor
75%/50%/25% I elect to receive a reduced lifetime retirement allowance. If I die before my beneficiary, a percentage 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. **[You must check one percentage below in order for Option 2 election to be valid.]**

Indicate percentage: 75% --OR-- 50% --OR-- 25%





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

NYCERS USE ONLY

F556

Member Number OR Pension Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

Option 5
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 allowance and all payments will cease upon my death. I understand that I cannot change my beneficiary once this option election is in force.

Option 5
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 be paid to them for life. If my beneficiary predeceases me, my allowance will be changed to the Maximum allowance and all payments will cease upon my death. I understand that I cannot change my beneficiary once this option election is in force.

Designate Your Beneficiary for Joint-and-Survivor Option

Please provide information about your beneficiary below. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). Only one beneficiary may be named in a Joint-and-Survivor or Pop-Up Option. **[If you elected the Maximum Allowance on page 1, do not provide any beneficiary information below.]**

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"/>

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**.

Signature of Member	Date
<input type="text"/>	<input type="text"/>

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** _____

