



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



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## Retirement Option Election Form Tier 4 and Tier 6 – Five-Year and Ten-Year Certain

This Retirement Option Election Form allows you to elect an option that provides a continuing benefit to your designated beneficiary after your death. By electing a retirement option, you will receive a reduced lifetime 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 elect an option on this form, complete the form in its entirety, sign it, have it notarized, and send it to NYCERS at the address below. If you have any questions regarding this form, please contact NYCERS' Call Center at (347) 643-3000. If you wish to elect an option other than the two listed, please contact NYCERS for the appropriate form. **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]
				/ /
First Name	M.I.	Last Name		
In Care of (if applicable)				Daytime Phone Number
				( )
Address				Apt. Number
City			State	Zip Code
Email Address				

### ELECT AN 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.

Please indicate your election by marking one of the following:

- Five-Year Certain** I elect to receive a reduced monthly lifetime benefit. If I die within five years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to the designated primary beneficiary for the unexpired balance of the five-year period. In the event of the death of the primary beneficiary after such beneficiary has begun to receive payment, the unexpended benefit will be paid in a lump sum to the contingent beneficiary or, if no contingent beneficiary exists, to the estate of the primary beneficiary.
  
- Ten-Year Certain** I elect to receive a reduced monthly lifetime benefit. If I die within ten years from the date of my retirement, the reduced monthly retirement benefit will continue to be paid to the designated primary beneficiary for the unexpired balance of the ten-year period. In the event of the death of the primary beneficiary after such beneficiary has begun to receive payment, the unexpended benefit will be paid in a lump sum to the contingent beneficiary or, if no contingent beneficiary exists, to the estate of the primary beneficiary.

### Designate Your Beneficiary/Beneficiaries

Please provide information about your beneficiary/beneficiaries on the next page. Use your beneficiary's given name (Mary Smith, not Mrs. John Smith). You may designate one primary and one contingent beneficiary. Tier 4 and Tier 6 members may NOT designate your Estate for the Five- or Ten-Year Certain Option. Under these options, you may change your beneficiary/beneficiaries at any time within the five- or ten-year period. For each change of beneficiary, you must submit another Retirement Option Election form.





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

**Designation of Primary Beneficiary**

I hereby name the following Primary Beneficiary to receive any benefit payable on my behalf:

<b>Primary Beneficiary</b>	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**.

**Designation of Contingent Beneficiary**

If my Primary Beneficiary dies before collecting the entire benefit, the Contingent Beneficiary whom I nominate to receive benefits is:

<b>Contingent Beneficiary</b>	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**. Percentage  %

I understand that by selecting an option I am accepting a reduced lifetime retirement allowance in exchange for the payment of my benefit to my designated beneficiary, upon my death.

<b>Signature of Member</b>	<b>Date</b>
<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** \_\_\_\_\_

