



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



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Notice of Intention to File an Application for a Vested Retirement Benefit Tier 1 and 2 Members (Except Corrections and Sanitation)

This application is for Tier 1 and Tier 2 members who wish to vest their retirement benefit. Vesting refers to your right to receive plan benefits even if you terminate employment before you are eligible for payment of a Service Retirement Benefit. Please note this application does not initiate payment. Once you become eligible for payment you will need to file form #261, Application for Payment. Please be sure to read the conditions below and complete the requested information. **NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.** Should you have any questions regarding this application, please contact our Call Center at (347) 643-3000.

Please note: Members in the Tier 1 CPP (Plan A) or Tier 2 Modified CPP (Plan C) or Tier 2 TBTA may vest their retirement by first filing form #162 to switch to the appropriate ISF plan within their Tier. They must do so before resigning from City service and filing this application.

This application is not for uniformed force Sanitation members or Correction Officers. Please see the bottom of page 2 to determine which form you need if you are a member of these programs.

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
		()	()
First Name	M.I.	Last Name	
Address			Apt. Number
City		State	Zip Code

For Tier 1 Members only:

I am a Tier 1 member enrolled in the (choose one):

- Plan B (ISF)
(Payability Date: when member reaches age 55)
- 25-Year Retirement Program for Dispatcher Member
(Payability Date: when member would have completed 25 years of Allowable Service as a Dispatcher Member)
- EMT 25-Year Retirement Program
(Payability Date: when member would have completed 25 years of Allowable Service as an EMT Member)
- Special Officer 25-Year Retirement Program
(Payability Date: when member would have completed 25 years of Allowable City Service)

For Tier 2 Members only:

I am a Tier 2 member enrolled in the (choose one):

- Plan D (Modified ISF)
(Payability Date: when member reaches age 62 for an unreduced benefit or age 55 for a reduced benefit)
- 25-Year Retirement Program for District Attorney Investigators (IDA)
(Payability Date: when member would have completed 25 years of Credited Service)
- 20-Year Retirement Program for District Attorney Investigators
(Payability Date: when member would have completed 20 years of Credited Service)

Sign this form and have it notarized, Page 2



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Member Number	Last 4 Digits of SSN

I Understand That:

1. The payment of a retirement benefit depends on my filing this application for payment with NYCERS.
 - a) If this application is filed with NYCERS 90 days prior to reaching my retirement payability, the allowance becomes payable the date I meet such requirements.
 - b) If this application is filed with NYCERS after I reach retirement payability, the allowance becomes payable on the date of the filing.
2. If I am eligible and withdraw my accumulated deductions, in whole or in part, my right to a Vested Retirement Benefit shall be terminated, and I will be required to file a Vested Retirement Waiver.
3. If I have less than 10 years of Credited Service and I die before the date my Vested Retirement is effective, my designated beneficiary (or estate) will receive only my accumulated deductions. However, if I have more than 10 years of Credited Service, my designated beneficiary (or estate) will receive a death benefit plus my accumulated deductions. This death benefit will be one-half of that which would have been payable if I had died on my last day of membership service.
4. Regular interest will continue to be credited on my accumulated deductions and reserve for ITHP in NYCERS, at the same rate as if I had not discontinued service. However, if my right to a Vested Retirement Benefit terminates for any reason, regular interest shall cease as of the date my right to a Vested Retirement Benefit terminates, or the date five years after my resignation, whichever date is later.

I, the undersigned, would like to vest my future retirement benefit.

Signature of Member	Date of Birth [MM/DD/YYYY]
	/ /

Former Department	Resignation Date [MM/DD/YYYY]
	/ /

Note: If you are a member of Tier 1 Sanitation 20-Year Plan, or Tier 2 20-Year Improved Benefit Retirement Plan for Sanitation Workers, please obtain NYCERS Form #269.

If you are a member of the Tier 1 Uniformed Correction 20-Year Plan or Tier 2 Modified Correction 20-Year Plan, 20-Year Improved Benefit Retirement Plan for Correction Officers below the rank of Captain or 20-Year Improved Benefit Retirement Plan for Correction Officers of the rank of Captain and above, please obtain NYCERS Form #263.

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 he or she acknowledged to me that he or she
 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 _____

Sign this form and have it notarized, THIS PAGE