



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

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|               |                      |
|---------------|----------------------|
| Member Number | Last 4 Digits of SSN |
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**CHOOSE ONLY ONE OPTION:**

**100% Joint-and-Survivor**

This temporary option provides your designated beneficiary with a lifetime benefit if you die during the Interim Period. The benefit is calculated as if you had elected the 100% Joint-and-Survivor Option as your permanent option. Among the factors considered in the calculation are the life expectancies of both you and your designated beneficiary. Under this option, you receive a reduced pension (a pension lower than the Maximum Retirement Allowance) because the same amount is to be paid over two lifetimes. In this case, the benefit payable to your beneficiary for his or her lifetime would be 100% of the reduced pension you would have received during your lifetime.

**The beneficiary whom I wish to nominate to receive the 100% Joint-and-Survivor benefit is:**

|                                |                             |                            |              |
|--------------------------------|-----------------------------|----------------------------|--------------|
| Joint-and-Survivor Beneficiary | First Name                  | M.I.                       | Last Name    |
|                                |                             |                            |              |
|                                | Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|                                | / /                         |                            |              |
|                                | Address                     |                            | Apt. Number  |
|                                |                             |                            |              |
| City                           |                             | State                      | Zip Code     |
|                                |                             |                            |              |

If this beneficiary is a minor, check here and submit Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

**--OR--**

**Ten-Year Certain (Tier 4 and 6 members MAY NOT NAME THEIR ESTATE for this option)**

This temporary option provides that a benefit will be paid for 10 years if you die during the Interim Period. The benefit is calculated as if you had elected the Ten-Year Certain Option as your permanent option. Unlike a Joint-and-Survivor Option, the benefit payable under the Ten-Year Certain Option is not based on life expectancies, but rather on a defined period of time. Under this option, you receive a reduced pension (a pension lower than the Maximum Retirement Allowance) because the same amount continues for the remainder of the 10-year period upon your death. In this case, the benefit payable to your primary beneficiary is the same reduced pension you would have received during your lifetime. Should a primary beneficiary die after receiving payments, the balance will be paid in a lump sum to your contingent beneficiary. If none exists, the lump-sum balance is paid to the Estate of the primary beneficiary.

**The beneficiary(ies) whom I wish to nominate to receive the Ten-Year Certain benefit is:**

|                                      |                             |                            |              |
|--------------------------------------|-----------------------------|----------------------------|--------------|
| Ten-Year Certain Primary Beneficiary | First Name                  | M.I.                       | Last Name    |
|                                      |                             |                            |              |
|                                      | Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|                                      | / /                         |                            |              |
|                                      | Address                     |                            | Apt. Number  |
|                                      |                             |                            |              |
| City                                 |                             | State                      | Zip Code     |
|                                      |                             |                            |              |

If this beneficiary is a minor, check here and complete the guardian information on Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.



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| Ten-Year Certain Contingent Beneficiary | First Name                  | M.I.                       | Last Name    |
|   |                             |                            |              |
|   | Full Social Security Number | Date of Birth [MM/DD/YYYY] | Relationship |
|   | / /                         |                            |              |
|   | Address                     |                            | Apt. Number  |
|   |                             |                            |              |
| City                                    |                             | State                      | Zip Code     |
|   |                             |                            |              |

If this beneficiary is a minor, check here and complete the guardian information on Form #137. If Form #137 is not submitted, NYCERS requires Letters of Guardianship for the Estate of the minor in order to pay a benefit to the minor.

**--OR--**

**Designation of Estate for Ten-Year Certain – MEMBERS RETIRING UNDER TIER 2 OR TIER 3 ONLY:**

I understand that by checking this box, the benefit payable under the Ten-Year Certain Option will be payable to my Estate in a lump sum.

**Federal Tax Withholding**

Federal tax law provides that all payers are required to withhold Federal income tax on periodic payments (similar to wages), unless you elect to be excluded from such withholding. This election will remain in effect until revoked by you. If you do not complete this election, Federal income tax will be withheld at the rate of a married individual claiming three exemptions.

**Please indicate your withholding selection by marking the appropriate choice below:**

1.  Do not withhold Federal income tax from my pension. (Do not complete 2 or 3 if you select this option)
2.  Withhold based on  number of exemptions using the following status (You **may** also enter a dollar amount in choice 3):  
 (Check one only)     Single                       Married                       Married, but withhold at higher "Single" rate
3.  In addition to the amount withheld based on my exemptions and filing status in choice 2,  
 I would like to withhold \$  Per Month (Must specify dollar amount only)

**Note:** You cannot enter an amount here without entering a number of exemptions in choice 2 (even if that number is zero).

**Option Package**

After your retirement date, NYCERS will send you an option package containing information regarding the amounts payable under the Maximum Retirement Allowance and the various options available. The package will include Permanent Retirement Option Election forms. Even if you are satisfied with the temporary option you elect on this form, you will be required, within 60 days of the date NYCERS mails you the option package, to make a permanent election of either the Maximum Retirement Allowance or an option that pays a benefit to your beneficiary(ies). With the Maximum Retirement Allowance, all payments cease at the time of your death. If you elect a joint-and-survivor option, that beneficiary's life expectancy is factored into the calculation. If you fail to elect a permanent option in the time specified, you will be finalized under the temporary option elected on this form. If you do not elect a temporary option on this form and you do not file a permanent option election, you will be finalized under Option 1 (Tier 2 members) or the Maximum Retirement Allowance (Tier 3, 4 and 6 members).

**Returning to Work**

Service retirees who are returning to public service within New York City or New York State may be subject to earnings limitations. Please see NYCERS' Brochure #958 for complete details on earnings limitations for service retirees.



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Member Number

Last 4 Digits of SSN

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I, the undersigned, hereby make application for payment of a Service Retirement Benefit under the applicable provisions of the Retirement and Social Security Law (RSSL).

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 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 \_\_\_\_\_

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### INSTRUCTIONS

Complete this form in its entirety, sign it, have it notarized, and send it to NYCERS at the mailing address above. If you wish to file this form in person, visit our Customer Service Center on the Mezzanine Level at 340 Jay Street, Brooklyn, NY 11201. If you have any questions regarding this form, or if you wish to elect an option other than one of the two provided on this form, please contact our Call Center at (347) 643-3000.

#### **Your Retirement Date**

Before filing this application with NYCERS, you must check with your agency to determine if you are entitled to payment of any terminal leave or accumulated annual leave. If you are entitled to be paid on the payroll for any leave time due you, the agency will advise you what your last day of pay will be. The effective date of retirement requested on this application should be the day after the last day you are paid by your agency. **NOTE: You must file a loan or buyback application before the effective date of retirement.**

#### **When to File This Application with NYCERS**

**Tier 2 members:** This application must be filed with NYCERS not less than 30 nor more than 90 days prior to the effective date of your retirement. You must be in City service on the date this application is filed with NYCERS, and you must remain in City service up to the effective date of your retirement. (A member carried on an agency payroll on a leave of absence without pay is considered to be in City service for retirement purposes.)

**Tier 3 and 22-Year Plan members eligible for immediate payability of a retirement benefit:** This application may be filed with NYCERS up to the day before the effective date of retirement, but not more than 90 days prior to the effective date of retirement.

**Tier 4 and Tier 6 members eligible for immediate payability of a retirement benefit:** This application may be filed with NYCERS up to the day before the effective date of retirement, but not more than 90 days prior to the effective date of retirement. Participants in the Tier 4 and Tier 6 Dispatchers 25-Year Plan, EMT 25-Year Plan, Deputy Sheriff 25-Year Plan, Automotive Service Worker 25 Year/Age 50 Plan, Police Communications Technician 25-Year Plan and Special Officers 25-Year Plan are subject to different filing requirements. A member in one of these special plans must file this application at least 30 but not more than 90 days prior to the effective date of retirement, and must be a participant in the special plan on the day before the effective date of retirement.

**Tier 4 members with Tier 3 rights:** Do not submit this form. Please call NYCERS at (347) 643-3000.

#### **Withdrawing an Application**

This application for service retirement may be withdrawn by you any time prior to the effective date of your retirement by filing a written request with NYCERS.

**Sign this form and have it notarized, THIS PAGE**