

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



F521 NYCERS USE ONLY

Application for Service Retirement Tier 2, 3, 4 and 6 Members

This application is for Tier 2, 3, 4 and 6 members who wish to apply for Service Retirement. Before filing this application with NYCERS, you must check with your agency to determine your last day of pay. This application also allows you to elect one of four temporary options before you elect a permanent option and thereby make a final decision regarding the way in which your retirement benefit will be paid. If you wish to elect a different option, please register for/log in to your MyNYCERS account at www.nycers.org and submit an online Service Retirement Application.

By electing a temporary option, you protect your beneficiary/beneficiaries during the period between your effective retirement date and the date NYCERS receives your Final Retirement Option Election (the "Interim Period"). If you die during the Interim Period, the beneficiary you name below will receive a continuing benefit after your death. Please carefully read the instructions below and on the last page before completing this form. Sign the form and have it notarized on page 4.

You must return all pages of this form even if you intentionally left any of them blank. Do not alter anything on this form, as that will render it invalid. 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. Contact NYCERS' Call Center at (347) 643-3000 if you have any questions.

No advance (partial) pension payment will be sent to you until NYCERS has acceptable proof of your identity and birthdate on file. (See Fact Sheets #709 and #711, available at www.nycers.org, for details.)

Member Number	Last 4 Digits of SSN	Но	me Phone Number	Date of Bir	rth [mm/dd/yyyy]
First Name	,	M.I.	Last Name		
Address		,		Apt. Numb	oer
City				State	Zip Code
Agency		Tit	le		
I hereby apply to retire fr	om City service, taking effect on	Moni	, with r	ny retirement allo	owance to begin on the
effective date of my retire	ement, or on the initial date of payal	bility, whi	chever is later.	•	

Temporary Options

Tier 2 members: If you do not elect a temporary option and you die during the Interim Period, you will be deemed to have elected Option 1 - Return of Annuity Reserve as your temporary option and your membership contributions plus accumulated interest will be paid to the beneficiary/beneficiaries NYCERS has on file for

Tier 3, 4 and 6 members: If you do not elect a temporary option and you die during the Interim Period, you will be deemed to have elected the Maximum Retirement Allowance as your temporary option and your pension will cease upon your death.

Temporary Option Election

This form allows you to elect either the Maximum Retirement Allowance, or one of three temporary options: the 100% Jointand-Survivor Option, the Five-Year Certain Option, or the Ten-Year Certain Option. Please read the descriptions of each option

then choose **only one**. You are required to provide information about your beneficiary/beneficiaries following the option you have elected. Use your beneficiary's given name (e.g., Mary Smith, not Mrs. John Smith).

- If you choose the 100% Joint-and-Survivor Option, you may designate only one beneficiary. Under this option, 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.
- If you choose the Five- or Ten-Year Certain Option, you may designate one primary and one contingent beneficiary. Birthdate evidence for your beneficiary is not required. Tier 2 and 3 members may designate their Estate for the Five- or Ten-Year Certain Option (see page 3); Tier 4 and 6 members may not.

Sign this form and have it notarized, Page 4 R01/23

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Member Number	Last 4 Digits of SSN

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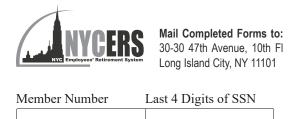
Choose only	ONE of t	he following	Temporary	y Options b	y checking	the box:

	Maximum Retirement Allowance that all payments cease upon my death,						e to me. I understand
– OI	R –						
	100% Joint-and-Survivor – This to during the Interim Period. The benefit is option. The life expectancies of both ye this benefit. Under this option, you rece to be paid over two lifetimes. In this capension you would have received during	s calculated as if ou and your desi- ive a pension low se, the benefit pa	f you ha gnated l ver than yable to	d elected the beneficiary at the Maximum your beneficiary	100% Joint-and re among the fac m Retirement Al ciary for their lif	l-Survivor Optic ctors considered llowance because etime would be	on as your permanent in the calculation of the the same amount is 100% of the reduced
ıry	First Name	N	1.I.	Last Name			
icia							
nef	Full Social Security Number	Date of Birth [n	nm/dd/y	/yyy]	Relationship		
or Be	Address	/		/		Apt. Number	
Joint & Survivor Beneficiary	City					State	Zip Code
- OI	If this beneficiary is under the age this box and completing Form #13		he optic	on to name a	guardian of the _l	property of the r	ninor by checking
	Five-Year Certain (Tier 4 and 6 membenefit will be paid for 5 years if you of Certain Option as your permanent option Option is not based on life expectancie (a pension lower than the Maximum Reperiod upon your death. In this case, the received during your lifetime. Should a your contingent beneficiary. If none exist.	lie during the Into on. Unlike a Join s, but rather on a tirement Allowar e benefit payable primary beneficia	erim Pe nt-and-S defined nce) bec to your ary die a	riod. The ber Survivor Opt period of tin ause the sam primary ben after receivin	nefit is calculated ion, the benefit me. Under this of e amount continue ficiary is the safe g payments, the	d as if you had of payable under to ption, you receives for the remainer reduced pendalance will be payable.	elected the Five-Year he Five-Year Certain ve a reduced pension inder of the five-year sion you would have paid in a lump sum to
– Ol	₹ –						
	Ten-Year Certain (Tier 4 and 6 membenefit will be paid for 10 years if you Certain Option as your permanent opt Option is not based on life expectancie (a pension lower than the Maximum Reperiod upon your death. In this case, the received during your lifetime. Should a your contingent beneficiary. If none exists	die during the In ion. Unlike a Joi s, but rather on a stirement Allowar e benefit payable primary beneficia	int-and- defined nce) bed to your ary die a	eriod. The be Survivor Opton period of ting cause the same primary ben after receivin	enefit is calculated in the benefit in the benefit in the Under this one amount continue ficiary is the sag payments, the	ed as if you had payable under ption, you recei- ues for the rema me reduced pen balance will be	elected the Ten-Year the Ten-Year Certain we a reduced pension ainder of the ten-year sion you would have paid in a lump sum to
	R01/23	Sign this form a	nd have	it notarized,	Page 4		Page 2 of 4









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Section A - Designation of Estate as Primary Beneficiary for Five- or Ten-Year Certain benefit. (Leave Section B blank.)

Note: Only Tier 2, Tier 3 and 22-Year Plan Members may nominate their estate as primary beneficiary.

I am nominating my Estate as my sole beneficiary. I understand that by checking this box, the benefit payable under the Five- or Ten-Year Certain Option will be payable to my Estate in a lump sum. In order for this selection to be valid, I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Section B - Designation of individuals as beneficiary/beneficiaries to receive the Five- or Ten-Year Certain benefit.

Last Name

M.I.

in								
erta	. '	Full Social Security Number	Date of Birtl	n [mm/dd	/уууу]	Relationship		
Ten-Year Certain	Beneticiary		/	,	/			
Yea	inc i	Address				1	Apt. Number	
-u	ene							
r Te		City					State	Zip Code
- 0ľ	nar							
Five-	Frimary	If this beneficiary is under the age this box and completing Form #13		e the opt	ion to name a	guardian of the	property of the	minor by checking
		f naming multiple contingent beneficia age for all contingents named must equa				•		ive. The combined
		First Name/Estate Name		M.I.	Last Name			
ij								
Certain	ary	Full Social Security Number	Date of Birtl	h [mm/dd	/yyyy]	Relationship		
r C	nciary		/	/	/			

NOTE: If space is needed for additional contingent beneficiaries, contact NYCERS' Call Center at 347-643-3000.

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.

Permanent Option Election

Address

City

Five- or Ten-Yea Contingent Bene First Name

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 Final Retirement Option Election forms. Even if you are satisfied with the temporary option you elect, you will be required, within 60 days of the date on the option letter, to make a final election of either the Maximum Retirement Allowance or an option that pays a benefit to your beneficiary/beneficiaries. 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 final option in the time specified, your benefit will be finalized under the temporary option elected. If you do not elect a temporary option and you do not file a final option election, your benefit will be finalized under Option 1 - Return of Annuity Reserve (Tier 2 members) or the Maximum Retirement Allowance (Tier 3, 4 and 6 members).

Sign this form and have it notarized, Page 4

Upload Documents at





Apt. Number

State

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Zip Code

Share of Benefit

%



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30-30 47th Avenue, 10th	FI
Long Island City, NY 1110	1

Member Number	Last 4 Digits of SSN

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If you have an official seal, AFFIX IT

this election, your tax deduction will be defaulted to "Single" with all other fields set to 0 (zero). If you do not want to withhold Federal income tax from your pension, skip fields 1 - 8 and place a check in field 9 below.
1. Single or Married, filing separately Married, filing jointly or Qualifying widow(er) Head of household
2. Taxable income from a job or multiple sources of periodic payments (include spouse's taxable income if filing jointly): \$\textstyle \textstyle \textst
3. Number of qualifying children under age 17: X \$2,000 = <u>\$</u>
4. Number of other dependents: x \$500 = \$
5. Other credits: \$
Add lines 3 - 5. Total Credits = \$
(Fields 6-8 are OPTIONAL)
6. Other income: \$\\$ 7. Other Deductions: \$\\$ 8. Extra withholding: \$\\$
9. Do not withhold Federal income tax from my pension.
Signature of Member Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds.

day of

Expiration Date of Commission

On this

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.

Instructions

Official Title

State of

Complete this form in its entirety, sign it, have it notarized, and send it to NYCERS at the mailing address above. Do not alter anything on this form, as that will render it invalid. If you wish to file this form in person, visit NYCERS' Walk-in Center on the Mezzanine level of 340 Jay Street in downtown Brooklyn. If you have any questions regarding this form, or if you wish to elect an option other than those provided on this form contact NYCERS Call Center at 347-643-3000.

County of

Signature of Notary Public or Commissioner of Deeds

personally appeared before me the above named,

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 at least 30 days, but not 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.

to me

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 days, 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.

Withdrawing an Application or Changing your Retirement Date You can withdraw or change your retirement date any time prior to the effective date of your retirement by logging in to your MyNYCERS account and clicking "Service Retirement" in the menu.

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 available at www.nycers.org for complete details on earnings limitations for service retirees.

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