



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.

Member Number	ber Number OR Pension Number Last 4 Digits of SSN		of SSN	Date of Birth [MM/DD/YYYY]			
							/ /
First Name			M.I.	Last Naı	me		
In Care of (if applicable)						Daytime Pl	none Number
· • • • • • • • • • • • • • • • • • • •						()	
Address						Apt. Numb	er
City						State	Zip Code
E '1 A 11							
Email Address							
Please indicate your elect	tion by	y marking one of the fol	lowing:				
Elect Maximum Retirer	•	<u> </u>					
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-Survi The option you elect is in that best meets your needs beneficiary information, be render it invalid. NYCERS marriage certificate(s), for evidence you submit.	nporta s. Dou ecause S req i	nt to both you and your ble-check that you have you are determining ho tires proof of birthdate	benefician marked th w your pe for your b	e box for the nsion will be peneficiary, a	e option you wis e paid. Do not a as well as addit	sh to elect and the last the shift of the last t	hat you have provided this form, as that wil imentation, such as a
Option 1 Joint-and-Survivor 100%	am	ect to receive a reduced li ount will continue to be pon on my death. I understand	aid to then	n for life. If m	ny beneficiary pr	redeceases me, al	ll payments will cease
Option 2 Joint-and-Survivor 75%/50%/25%	my pay	ect to receive a reduced l retirement allowance wi ments will cease upon m force. [You must check o	ll continue y death. I	to be paid tunderstand tl	o them for life. hat I cannot char	If my beneficiar nge my beneficia	y predeceases me, all ary once this option is
		Indicate percentage: [75%	OR	<u> </u>	OR	25%
R01/23		Sign this for	m and hav	e it notarize	ed. Page 2		Page 1 of 2
340 Jay Street Rklyn	NV F	Forms, Brochures,			(347) 643	2 2000	30-30 47th Avenue 10th Fl











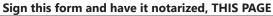


NYC Employees' Retirement System	30-30 47th Avenue, 10th Long Island City, NY 1110	FI				
Member Number OR	Pension Number	Last 4 Digits of SS	N			
Option 5 Pop-Up Joint-and-Survivor	amount will continue be changed to the	nue to be paid to th	em for life	. If my beneficia payments will ce	ary predece case upon 1	peneficiary, the same monthly eases me, my allowance will my death. I understand that I
Option 5 Pop-Up Joint-and-Survivor 50%	of my retirement my allowance wil	allowance will conti	inue to be p Maximum a	paid to them for allowance and al	life. If my	y beneficiary, one-half (50%) beneficiary predeceases me, s will cease upon my death. I in force.
Designate Your Bene	ficiary for Joint-and	l-Survivor Option				
	named in a Joint-and-S					h, not Mrs. John Smith). Only Allowance on page 1, do not
First Name		M.I.	Last N	lame		
E HG ' 1G ' ' N	1	D. (CD: 41 D D (/D	DAMAN	D -1-	.4:1.:	
Full Social Security Nur	moer	Date of Birth [MM/D	/ Y Y Y Y J	Kela	ntionship	
Address		·	·		Apt	t. Number
City			State	Zip Code	Coı	untry
If this beneficiary is and completing For		ou have the option to	name a gu	nardian of the pro	operty of the	ne minor by checking this box
Signature of Membe	er				Dat	te
			N		(5)	
		acknowledged before a				
State of County of appeared before me the a and known to me to be to	bove named,			to me kno	own,	ou have an official seal, AFFIX IT

R01/23

Official Title





Expiration Date of Commission



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Signature of Notary Public or Commissioner of Deeds

acknowledged to me that they executed the same, and that the statements contained therein are true.



