



Received Date

Application for Service Retirement

Please type or print clearly in blue or black ink

RS 6037
(Rev.09/18)

NYSLRS ID

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Social Security Number [last 4 digits]

XXX-XX- □□□□

Retirement System [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

Proof of your date of birth is require before a benefit can be paid. If it is not immediately available, file this application now and submit proof as soon as possible. The delay in filing this document will delay payment of your allowance.

THIS APPLICATION MUST BE ON FILE WITH THE RETIREMENT SYSTEM FOR AT LEAST 15 DAYS, BUT NO MORE THAN 90 DAYS, BEFORE YOUR RETIREMENT CAN BECOME EFFECTIVE.

Items 1-12 MUST be completed. The application must be signed and notarized on reverse side.

Information About You	
1. Name: (First, Middle Initial, Last)	2. Date of Birth:
3. Telephone Numbers: HOME () CELL ()	4. Effective Retirement Date:**
5. Address: (Including Street, City, State and Zip Code)	
<p>6. For United States Tax Withholding and Reporting Purposes: (please check one), I am currently a: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien</p> <p>If you are a U.S. Citizen or Resident Alien: This form will be used as a substitute IRS Form W-9. Under penalty or perjury, I certify that:</p> <ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from back withholdings; or (b) I have not been notified by the Internal Revenue Service (IRS) I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me I am no longer subject to backup withholding I am a U.S. Citizen/Resident Alien (defined in the instructions); and 3. I am a U.S. Citizen or other U.S. person (defined in the instructions) and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (Note: This item does not apply for the Retirement application). <p>If you are a Non-resident Alien: You must submit a W-8BEN tax form with your Retirement application. Please refer to the IRS instructions for directions to obtain this form. Retirement applications received without a W-8BEN tax form will be rejected. Federal Taxes must be withheld for Non- Resident Aliens.</p>	

* Social Security Number Required (see statement on reverse side)
 ** The effective retirement date is the first day of your retirement, not the last day worked. If you do not choose an *Effective Retirement Date*, we will, subject to your approval, establish the earliest possible retirement date.

7. Information About Your Public Employment:
 To the best of your ability, please complete the following record of ALL PUBLIC EMPLOYMENT, including service in the ARMED FORCES. You may be able to secure credit for MILITARY SERVICE AND PUBLIC EMPLOYMENT, which previously may not have been available. Since you will not be able to claim any such service after your retirement becomes effective, you must provide information at this time.

Employer (Indicate whether State, County, City, Town, Village, etc.)	Department or Agency	Title of Position	Service	
			From	To

8. Tier Reinstatement Application:
 If you were previously a member of any public Retirement System in New York State you may be eligible to retire based on your previous membership date and tier. To apply for tier reinstatement, please complete this section.



8. Tier Reinstatement Continued:

Former Membership Information: Please check the first Retirement System you were a member of:

- New York State Teachers' Retirement System
- New York State and Local Employees' Retirement System
- New York State and Local Police and Fire Retirement System
- New York City Employees' Retirement System
- New York City Board of Education Retirement System
- New York City Teachers' Retirement System
- New York Police Pension Fund
- New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ Date of Membership: _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes No

If Yes, what Retirement System? _____

Are you receiving or eligible to receive a retirement allowance based on this service? Yes No

9. Other Public Retirement System Memberships:

- Are you **currently** a member of another public Retirement System in New York State? Yes No
- Are you receiving or are you about to begin receiving a retirement benefit from any Retirement System on the basis of employment with New York State or any public entity in the State? Yes No
- If yes, what Retirement System? _____ Registration Number: _____

10. Domestic Relations Order (DRO):

Retirement benefits are considered marital property and can be divided between you and your ex-spouse when the marriage ends in divorce. Any division of your benefits must be stated in the form of a Domestic Relations Order (DRO) – a legal document that gives us specific instructions on how your benefits should be divided.

- Do you have a current or pending legal restriction on the distribution of your pension benefit as a result of a DRO? Yes No
- Have you ever been divorced? Yes No

11. Beneficiary/Option Information for Estimate:

This is not the document on which you designate a beneficiary under your retirement option. You are required to make your option beneficiary on a separate form, called a "Retirement Option Election Form". If you have not filed a Retirement Option Election Form, we will be sending you one to complete and return. We are asking the following information about your intended beneficiary for informational purposes. It will ensure that the estimate, upon which you make your options selection, is based on the correct beneficiary. We are not permitted by law to accept untimely option election forms. If your form is not timely filed, the Law requires an option which does not provide benefits to any beneficiary.

Estimate Beneficiary Information:

Beneficiary Name	Date of Birth	Gender (M/F)	Spouse (Y/N)

Item numbers 12 and 13 **MUST** be completed or your application will not be accepted.

12. Please sign your name in full below: Women should sign their own names, e.g. Jane Smith **NOT** Mrs. John Smith

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

I hereby make application for Service Retirement. I understand that this application may not be withdrawn on or after the effective date of retirement.

Signature: _____

13. Acknowledgement to be Completed by a Notary Public:

State of _____ County of _____ On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

POST RETIREMENT EMPLOYMENT: Your paid **public** employment must cease at the time of your retirement. There are laws governing employment after retirement, and if you plan to be employed by or contract with a **public** employer, it is important for you to know about them. Failure to comply with these laws could result in the suspension or diminishment of your retirement allowance or termination of your retirement and reinstatement in the Retirement System as a new member.

Public employment is employment by, or contract with, the State of New York, one of its political subdivisions (county, city, town village, school district) or some other public agency, such as a public authority. Employment by any other public employer located outside of New York State, employment by the Federal Government, or private employment, does not need any approval and will in no way affect the retirement allowance paid to you by this Retirement System. Any questions concerning this most important matter should be directed to the New York State and Local Retirement System. By signing this application I hereby elect coverage under Section 212 of the Retirement and Social Security Law, which permits me to earn from post-retirement public service annual amounts which do not exceed the limit provided in such section, without a resulting suspension or reduction of my retirement allowance.

HEALTH INSURANCE INFORMATION: The Retirement System does not administer Health Insurance Benefits. Any questions regarding this issue should be directed to your last employer.

***Social Security Disclosure Requirement:** In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law: The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.