



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Please type or print clearly  
in blue or black ink

Received Date

## Retirement Option Election Form

RS 6399

(Rev. 12/18)

NYS LRS ID











Social Security Number [last 4 digits]

XXX-XX- 




Retirement System [check one]

Employees' Retirement System (ERS) Police and Fire' Retirement System (PFRS) **MAKE NO ALTERATIONS TO THIS FORM.** Please review carefully the options available and the instructions provided.

You must:

1. Elect an option by checking the appropriate box (pages 1-2);
2. Sign and have the completed form notarized (page 2);
3. Return it promptly.

**IMPORTANT:** You must file your Option Election form before your pension benefit becomes payable, which is the first day of the month following your retirement. You have up to 30 days after the last day of your retirement month to change your option selection. If your election is not timely, by law, we must process your retirement as if you had selected the Single Life Allowance.

<b>INFORMATION ABOUT YOU</b> (Please make any needed corrections)	
1. Name: (First, Middle Initial, Last)	2. Date of Birth:
3. Address: (Including Street, City, State and Zip Code)	

<b>TO THE COMPTROLLER OF THE STATE OF NEW YORK:</b>	
Single Life Allowance <input type="checkbox"/>	I elect to receive the maximum lifetime retirement allowance payable to me. Stop all payments at my death. I understand that under this option I can not elect a beneficiary.
Joint Allowance – Full <input type="checkbox"/>	I elect to receive a reduced lifetime retirement allowance based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same monthly amount to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I have up to 30 days after the last day of my retirement month to change my option or beneficiary.
Joint Allowance – Partial <input type="checkbox"/> <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	I elect to receive a reduced lifetime retirement allowance based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue a percentage of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, stop all payments at my death. I understand that I have up to 30 days after the last day of my retirement month to change my option or beneficiary. (If you take this option you <b>must also check</b> the percentage you wish to be continued to your beneficiary.)
Year Certain <input type="checkbox"/> <input type="checkbox"/> 5 Years <input type="checkbox"/> 10 Years	I elect to receive a reduced lifetime retirement allowance. If I die within my years selection after my retirement date, continue paying my retirement allowance for the remainder of the years to my beneficiary. If my beneficiary predeceases me, but I also die within my years following my retirement, continue payments for the rest of the period to another beneficiary I may name. If there is no surviving beneficiary, make a lump sum payment to my Estate. If I die more than my years selection after my retirement date, stop all payments at my death. (If you take this option, you <b>must also check</b> the years you wish to continued to the beneficiary.)
Pop-Up Joint Allowance-Full <input type="checkbox"/>	I elect to receive a reduced lifetime retirement allowance based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying the same amount to my beneficiary for life. If my beneficiary predeceases me, change my allowance the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I have up to 30 days after the last day of my retirement month to change my option or beneficiary.



Pop-Up Joint Allowance- Partial  <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	<input type="checkbox"/> I elect to receive a reduced lifetime retirement allowance based on my life expectancy and the life expectancy of my beneficiary. If I die before my beneficiary, continue paying a percentage of my retirement allowance to my beneficiary for life. If my beneficiary predeceases me, change my allowance to the Single Life Allowance (Option 0) amount and stop all payments at my death. I understand that I have up to 30 days after the last day of my retirement month to change my option or beneficiary. (If you take this option, you <b>must also check</b> the percentage you wish to be continued to your beneficiary.)
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**If you elect the Single Life Allowance (Option 0) do not provide any beneficiary information.**

If you wish to elect one of the other options, please read all of the information on this form and then complete the following section. Use the beneficiary's given name: Mary Smith, **NOT** Mrs. John Smith.

If you elect a Years Certain Option and wish to name more than one beneficiary, please let us know and we will provide you with an appropriate form.

<b>INFORMATION ABOUT YOUR OPTION BENEFICIARY:</b> (Please print plainly or type)		
Beneficiary's Name: (First Middle Initial, Last)	Beneficiary's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Beneficiary's Social Security Number:*
Beneficiary's Address: (Including Street, City, State and Zip Code)		
Beneficiary's Date of Birth:	Relationship of Beneficiary to you:	

\*Social Security Number required (See statement below)

Please sign your name in full below:
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.
Retiree's Signature: _____ Date: _____

**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)

**Electing An Option:** The option you elect is important to both you and your beneficiary. Be sure you understand the nature of each option, and elect the one that best fulfills your needs. Also, be sure you have checked the proper box for the option that you wish to elect. On this form, you are selecting a method of payment. When you have completed this form and have had it notarized, the original should be returned to: **New York State and Local Retirement System**, 110 State Street, Albany, New York 12244-0001  
 We will acknowledge receipt of the option selection by sending you a letter.

**Designating a Beneficiary:** Only one beneficiary may be named in a Joint Allowance or Pop-Up option. Under these options, proof of your beneficiary's date of birth must be submitted. If you wish to elect one of the Year Certain Options, you may designate more than one beneficiary. If you wish to do so, please notify the Retirement System so we may send you the proper form for completion. If you elect one of the Year Certain Options, you may designate your Estate as beneficiary. Under these options, you may change your beneficiary at any time. For each change of beneficiary(ies), you must submit a form, which can be obtained from the Retirement System.

**Information Services:** Information Representatives are available at consultation sites throughout New York State. To find the one nearest you, visit our website at [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire). You can also contact our Call Center toll-free at 1-866-805-0990 or 518-474-7736 in the Albany, New York area.

**\*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.