



# New York City Police Pension Fund

## “Serving the Finest”

Office Use Only

### Tier 2 Option Election and Beneficiary Designation

#### Demographics:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Tax No.: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### Instructions:

**This form is for TIER 2 members who are RETIRING**

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- This benefit is payable upon your death based on the option elected. **Option election is irrevocable.\***
- Generally, only one beneficiary can be named. Beneficiaries can only be changed on the Option 4 Lump Sum, Option 5 Five Year Certain, and Option 6 Ten Year Certain.
- If you designate a minor, consider filing PPF Form # 113, Minor Beneficiary Custodian Designation.
- The amount of the retirement allowance can be found on the memo PPF sent with this form.

\* If you name your spouse as beneficiary and subsequently divorce, you may apply to the Board of Trustees to be reverted to the Maximum Retirement Allowance, if your spouse waives all rights to the pension benefit in your Stipulation of Settlement.

#### Benefit Election:

**Check your election and write the retirement allowance on the line.**

Option	Retirement Allowance	Option	Retirement Allowance
<input type="checkbox"/> Maximum	_____	<input type="checkbox"/> 5 Year Certain	_____
<input type="checkbox"/> 100% J&S	_____	<input type="checkbox"/> 10 Year Certain	_____
<input type="checkbox"/> 100% J&S pop-up	_____	<input type="checkbox"/> Annuity _____ %	_____
<input type="checkbox"/> 50% J&S	_____	<input type="checkbox"/> Annuity _____ % pop-up	_____
<input type="checkbox"/> 50% J&S pop-up	_____	<input type="checkbox"/> Lump Sum: \$ _____	_____

#### Beneficiary:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

#### Acknowledgement:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_  
 On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally  
 appeared \_\_\_\_\_ to me known  
 and known to me to be the same person described herein  
 and who executed the foregoing instrument, and (s)he duly  
 acknowledged to me that (s)he executed the same.

Affix notary seal or staff name and signature:

Signature of Notary Public: \_\_\_\_\_

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