



New York City Police Pension Fund

233 Broadway, 25th fl.

New York, NY 10279

(212) 693-6888

Option and Beneficiary Selection Form

First name: _____ MI: _____ Last name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Tax ID #: _____ Pension #: _____ Phone #: (____) _____

A. Directions:

1. **Check one box** in Section B to select it, and print your final selection on the line below Option 6.
2. If you choose *Maximum Retirement Allowance*, **return page 1 only**.
3. If you choose an *Option*, complete page 1 and page 2 and **return both pages to NYCPPF**.

B. Mark one box below to select it:

- Maximum Retirement Allowance**
- Option 1 – Return of Pension Reserve** (Tier 1 members only)
- Option 2 – 100% Joint and Survivor**
- Option 3 – 50% Joint and Survivor**
- Option 4 – Lump Sum:** \$ _____ (if chosen, specify lump sum amount here)
- Option 4 – Annuity:** \$ _____ (if chosen, specify annuity amount here)
- Option 4 – 2: 100% Joint and Survivor with Pop-up**
- Option 4 – 3: 50% Joint and Survivor with Pop-up**
- Option 4 – 4: Annuity with Pop-up:** \$ _____ (if chosen, specify annuity amount here)
- Option 5: 5-Year Certain**
- Option 6: 10-Year Certain**

Print final selection (required): _____

Signature: _____ **Date:** ____/____/____

Notarization: [Notarization required if this form is mailed to NYCPPF]

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 that (s)he executed the same.

Notary Public signature: _____

Please affix stamp or seal

New York City Police Pension Fund – Option and Beneficiary Selection Form

First name: _____ Last name: _____ Pension #: _____

B. Select your beneficiary (or beneficiaries):

- Options that allow **multiple beneficiaries** who may be **changed at any time**: Option 1 – Return of Pension Reserve (Tier I members only); Option 4 – Lump Sum; Option 5: 5-year Certain; Option 6: 10-year Certain. If you designate more than one beneficiary, indicate the percentage each beneficiary is to receive. If you wish to name more than three beneficiaries, copy this page and attach the copy.
- Options that allow a **single beneficiary** who may **never be changed** (note: beneficiary date of birth proof is required for any of these options): Option 2; Option 3; Option 4 – Annuity; Option 4 – 2: 100% Joint & Survivor with Pop-up; Option 4 – 3: 50% Joint & Survivor with Pop-up; Option 4 – 4: Annuity with Pop-up.

Beneficiary designation (percentages must total 100% -- please print:

▪ **Beneficiary 1** **Percentage = ____ %**

First name: _____ MI: ____ Last name: _____

Date of birth: ____/____/____ Relationship: _____ Social Sec. #: ____-____-____

Street address: _____

City: _____ State: _____ Zip code: _____

▪ **Beneficiary 2** **Percentage = ____ %**

First name: _____ MI: ____ Last name: _____

Date of birth: ____/____/____ Relationship: _____ Social Sec. #: ____-____-____

Street address: _____

City: _____ State: _____ Zip code: _____

▪ **Beneficiary 3** **Percentage = ____ %**

First name: _____ MI: ____ Last name: _____

Date of birth: ____/____/____ Relationship: _____ Social Sec. #: ____-____-____

Street address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ **Date:** ____/____/____

Notarization: [Notarization required if this form is mailed to NYCPPF]

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 that (s)he executed the same.

Notary Public signature: _____

Please affix stamp or seal