

10. 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 _____

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 selection, and to designate 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 for the following information about your intended beneficiary for informational purposes. It will ensure that the estimate, upon which you make your option selection, is based on the correct beneficiary. Please look for the option election form in the mail and make sure you complete it and return it to us by the date we will request. 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.

<p>I hereby make application for Service Retirement. I understand that this application may not be withdrawn on or after the effective date of my retirement.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature (<i>Sign Name in Full</i>)</p>

13. THIS ACKNOWLEDGEMENT MUST 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.

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 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 Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 474-7736 in the Albany 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 Section 11, 34, 311 and 334 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.