



New York City Police Pension Fund

233 Broadway, 19th floor
New York, NY 10279-2501
212-693-5100
www.nyc.gov/nycppf

Office use

50% Additional Contributions – Tier 2 only

Time and date

Member Information (please print)

Date: ____ / ____ / ____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Command: _____ Daytime phone: (____) _____

SSN (last 4 digits): |_|_|_|_| Rank: _____ Tax ID #: |_|_|_|_|_|_|_|_|

50% Additional Request

Check one box ▼

Start

- I currently make pension contributions.
- Please **START** 50% *Additional* contributions, which will add 50% of my required rate (assigned by appointment or equated date) to my present contribution rate.
- 50% *Additional* contributions are made with after-tax income.

Stop

- **STOP** the 50% *Additional* portion of my pension contributions.

Member signature: _____ Date: ____ / ____ / ____

Notarization

[Notarization is required if you mail this form to the 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 to me that (s)he executed the same.

Signature of Notary Public: _____

Commission expires: ____ / ____ / ____

[Affix stamp or seal]

Office use only

Action code:

For payroll of: ____ / ____ / ____ Payroll #: 056

Doc. #: |_|_|_|_|_|_|_|_|

Employee ID #: _____

CD:

Effective date: ____ / ____ / ____

Pension designator: R

JSN: 1

Expiration date: ____ / ____ / ____

Pension tier: 002

Deduction code: 7618

Pension plan: 0000

Deduction rate: 0 . |_|_|_|_|

Pension ITHP: N

ITHP rate: 0 . 0000

Pension var. annuity code: N Pension 50% indicator: N

PMS Entered by: _____

PMS Checked by: _____

COPS Entered by: _____

DUPLICATE Check if yes

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date of original ▲