



NYC Police Pension Fund
 233 Broadway—19th Floor, New York, NY 10279
 LOAN CANCELLATION FORM

Member's Name		Date / /	
Social Security No. (Last 4 digits)	Command		
Tax No.	Rank		

To: Board of Trustees—Police Pension Fund—Article 2

I hereby request my current outstanding loan be cancelled because my account balance is equal to or greater than the required amount. I understand that if the loan cancelled was taken under non-reportable circumstances and a taxable obligation exists after the cancellation of loan, a 1099 will prepared for any taxable portion.

 Member's Signature

<p>Sworn to before me this</p> <p>_____ day of _____ 20____</p> <p>_____ Notary</p>	<p>OFFICE USE ONLY:</p> <p>Effective date: _____ / _____ / _____</p>
--	---