



# New York City Police Pension Fund

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

Office use only

## START or CANCEL MCU\* Deduction (retiree benefits only)

Time and date

### Instructions

\* Municipal Credit Union of New York City

- **Section 1:** Please **PRINT** all information.
- **Section 2:** Check box "A" or box "B." If you check "A," fill in the monthly deduction amount. After you check the box, sign your full name and record the date.
- **Section 3:** Mail or deliver the form to the NYC Police Pension Fund. **If you mail this form to the NYCPPE, your signature MUST be notarized.** Mail to: NYC Police Pension Fund, Attn: Pension Payroll, 233 Broadway, New York, NY 10279-2501.

### 1) Retiree Information (please print)

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Pension #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Fl.: \_\_\_\_\_

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

### 2) MCU Request

[Check box "A" or "B". If you check "A," fill in the deduction amount. No matter which box you check, sign and date your full name.]

A.  **START** the following monthly deduction from my pension with the Municipal Credit Union of New York City: \$ \_\_\_\_\_  
OR  
▼ **Monthly deduction**

B.  **CANCEL** my current monthly MCU pension deduction.

Retiree signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

### 3) Notarization

[Notarization is required if this form is mailed to the NYC Police Pension Fund.]

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 expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

[Affix stamp or seal]

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Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_