

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Application for Transfer of Member's Accumulated Salary Deductions to Another Retirement System Within New York State

Membership Number

Last 4 Digits of Social Security #

I, the undersigned, do hereby make application to have the accumulated salary deductions, and accrued interest on the same, standing to my credit in the New York City Employees' Retirement System (NYCERS) transferred to my membership in the Retirement System.

In consideration of the transfer of such amount, and upon the transmittal of such funds to the retirement system to which I am transferring, I do hereby release and discharge from any and all liability the New York City Employees' Retirement System in connection therewith.

My City service in the position of with the Department of ceased on the day of , .

I have accepted a position as a(n) with the Department of on the day of , .

I hereby authorize NYCERS to draw a check made payable to the retirement system of which I am now a member, to be credited to my account in that retirement system under my Membership Number .

For Tier 2 and Tier 4 members who participated in a special program enacted by Chapter 96 of the laws of 1995 only.

If eligible, I hereby elect to receive a refund of my share of the *Additional Member Contributions* required to have been contributed by me due to my participation in one of the programs enacted by Chapter 96 of the Laws of 1995 and which are now to my credit in NYCERS in my Retirement Reserve Fund account.

Signature of Member

Signature of Member Date / /

First Name Middle Initial

Last Name Home Phone # -

In Care of (if applicable)

Address Apt. Number

City State Zip Code

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Signature of Member _____ Date / /
M M D D Y Y Y Y

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of County of

On this day of 20 , personally appeared before me the above named,

, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission

If you have an official seal, affix it.