



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279

(212) 693-5100

Subject: Instructions for Transferring Membership in the NY State and Local Retirement System (NYSLRS) to the NYC Police Pension Fund (NYCPPF)

➡ IMPORTANT! If your NYSLRS membership date is prior to July 1, 2009, call the NYCPPF Membership Services Unit at (212) 693-5850 before filling out NYSLRS *Application for Transfer of Membership* (RS 5233). If your NYSLRS membership date is after July 1, 2009, complete NYSLRS Form RS-5223 in duplicate – no need to call first.

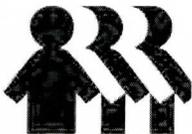
➡ Complete two (2) original copies of Form RS-5223.

- Have both originals of RS-5223 notarized, and mail them to:

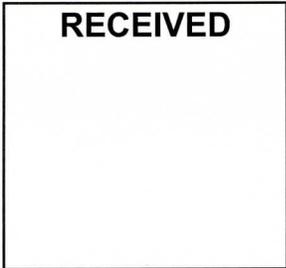
NYC Police Pension Fund
233 Broadway, 25th Fl.
New York, NY 10279-2501

You may also personally deliver the two completed, notarized forms to Membership Services at 233 Broadway, 19th floor (ID required).

- The NYCPPF will complete the Certification area on each RS-5223 original and mail one to NYSLRS on your behalf.
- If all legal requirements for the transfer have been met, the transfer is effective on the date NYSLRS receives the notarized application.
- You have a maximum period of seven (7) years to transfer prior state time to the NYCPPF. This period starts on the date you separated from NYSLRS.
- If you have NYSLRS-related questions on filing for transfer, contact NYSLRS Benefit Information Services at 1-866-805-0990. You may also call NYCPPF Membership Services at (212) 693-5850.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001



Application for Transfer of Membership

RS 5223

(Rev. 8/09)

THIS FORM IS TO BE USED **ONLY** TO TRANSFER FROM THE NEW YORK STATE & LOCAL RETIREMENT SYSTEM TO ANOTHER PUBLIC RETIREMENT SYSTEM IN NEW YORK STATE.

This transfer application is **irrevocable**. Once this transfer application is filed or received by the Retirement System your transfer is effective. Under certain circumstances it may not be beneficial to transfer your membership. If you have any questions concerning your transfer or if you are covered by a special plan, you should contact Benefit Information Services at 1-866-805-0990 before completing this application.

INSTRUCTIONS

Please print all requested information in ink. Forms completed in pencil will be rejected. Sign the completed form and have it notarized. Return the completed form to the NYSLRS at the address shown above (not your employer). Your transfer will be effective on the date we receive the completed application assuming you meet all legal requirements, although the administrative processing will take several months to complete.

*Social Security No: _____ Registration No. (if known) _____

Name _____ Date of Birth _____

Address _____ Home Phone () _____

City _____ State _____ Zip _____ Work Phone () _____

Former Employer _____ Date Terminated/Leave of Absence _____

Current Employer _____ Date Appointed _____

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I request that my membership, reserves, and accumulated contributions, if any, standing to my credit in the New York State & Local Retirement System be transferred to the _____ Retirement System where I am currently registered as a member. I understand that this application to transfer is irrevocable.

Signed _____ Date _____

ACKNOWLEDGEMENT TO 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)

DO NOT WRITE BELOW THIS LINE

CERTIFICATION

(To be completed by the system to which transfer is being made)

I certify that the above named individual has been registered to membership in the _____ Retirement System on _____ (date of membership) under membership number _____. I further certify that the requested membership is currently active and the requested transfer can be processed.

The date last reported to our system was _____ Signature _____

Date _____ Title _____

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law, you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement System, 110 State Street, Albany, NY 12244-0001; Telephone Number (518) 474-2602.

*SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11 and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.