



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-6888
www.nyc.gov/nycppf

Office use only

Start, Change or Cancel Municipal Credit Union Deduction

All members

Time and date

1) Instructions:

- **Section 2: Please print all information.**
- **Section 3:** Check box "A," box "B," or box "C." If A or B is checked, fill in applicable amounts. Sign and date your full name.
- **Section 4: If the form is mailed to the NYCPPE, it must be notarized.** Mail to: NYC Police Pension Fund, 233 Broadway 25th fl., New York, NY 10279-2501.

2) Retiree information (please print):

First name: _____ MI: _____ Last name: _____
 Tax ID #: _____ Pension #: _____ SSN, last 4 digits: _____
 Address: _____ Apt.: _____
 City: _____ State: _____ Zip code: _____

3) MCU request:

[Check box A or B or C and fill in applicable amounts; sign/date your full name.]

- A. **START** the following monthly deduction from my pension with the Municipal Credit Union of New York City (MCU): \$ _____
 or
 B. **CHANGE** my monthly MCU deduction from \$ _____ to \$ _____
 or
 C. **CANCEL** my current monthly MCU pension deduction.

Retiree signature: _____ Date: ____/____/____
mm dd yyyy

4) Notarization

[Notarization 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: _____ [Affix stamp or seal]

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Processed by: _____ Date: ____/____/____