



**Police Pension Fund Article 2
REQUEST TO CHANGE AMOUNT OF LOAN RE-PAYMENT**

Loan Number _____

Please fill in the following:		Date: / /
Name Printed (First—M.I.—Last)		Tax Registry No.
Command		
Social Security No. (Last 4 Digits)	Rank	

CHECK THE APPROPRIATE BOX

I hereby request to change the current bi-weekly deduction for repayment of my outstanding pension loan to:

\$ _____ bi-weekly from my salary check (total amount)

OR

_____ payments

OR

Minimum payments

I UNDERSTAND THAT THE NON-TAXABLE STATUS ON MY LAST LOAN WAS CONTINGENT UPON ITS BEING REPAID WITHIN FIVE (5) YEARS. IF THIS CHANGE OF PAYMENTS RESULTS IN THAT LOAN BEING REPAID IN MORE THAN FIVE (5) YEARS FROM THE DATE OF THE CURRENT LOAN. IT MAY THEN BECOME TAXABLE, AND I WILL RECEIVE A **1099 FORM AT THE END OF THE YEAR** FOR THE TAXABLE AMOUNT OF THE LOAN.

Note: If this form is mailed, it must be notarized.
Mail form to: NYCPPF
233 Broadway, 25th Floor
New York, New York 10279
Payment changes will be processed only during
the months of MAY and NOVEMBER.

MINIMUM PAYMENT CHANGE IS \$10.00.

Signature

Date

County of _____ State of _____

Sworn to before me

This _____ day of _____ 200____

On this day personally appeared before me the said _____, to me known and known to me to be the individual described herein and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same.

Notary Public

ID VERIFIED BY _____

DATE _____