



## New York City Police Pension Fund

233 Broadway  
New York, New York 10279  
(212) 693 – 5100

From: Executive Director, Police Pension Fund

To: Members with Prior State Service

Subject: FILING PROCEDURES FOR TRANSFER OF MEMBERSHIP APPLICATION

Procedures to follow in filling out the New York State Retirement System transfer of membership application:

1. Fill in all of the necessary information in the first and second sections of the application.

All requested information is self-explanatory

2. Have copies of the application Notarized in the third section.

3. The bottom section is for the Police Pension Fund use only.

4. Return both copies, signed and notarized, to the Police Pension Fund for certification at the below address:

**N.Y.C. Police Pension Fund**  
**233 Broadway**  
**19<sup>th</sup> Floor**  
**New York, NY 10279**  
**Attention: Membership Services Section**

**\*\*\*YOU HAVE SEVEN (7) YEARS FROM YOUR DATE OF SEPARATION**  
**FROM THE NEW YORK STATE TO TRANSFER YOUR PRIOR STATE TIME**  
**TO OUR SYSTEM\*\*\***

If you have any further questions, you may contact the Membership Services section 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-I

(Rev. 7/05)

THIS FORM IS TO BE USED **ONLY** TO TRANSFER FROM THE NEW YORK STATE & LOCAL RETIREMENT SYSTEMS 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.** 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 Systems be transferred to the \_\_\_\_\_ Retirement System where I am currently registered as a member.

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.