



# New York City Police Pension Fund

233 Broadway  
New York, NY 10279  
212-693-5850  
www.nyc.gov/nycppf

Office use only

## Pension Statement Request

Tiers 2 / 3 (active only)

Time and date

### Instructions:

- Section 1: Provide information requested.
- Sections 2 and 3: Check one box in each section.
- Section 4: Sign and date your signature.
- **If this form is mailed to the NYC Police Pension Fund, it must be notarized.**  
Mail to: NYC Police Pension Fund, Membership Services, 233 Broadway, 25th fl.  
New York, NY 10279-2501.

### 1) Member information:

SSN (last four digits):     Tax ID:

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Last name: \_\_\_\_\_ Cell / daytime phone: \_\_\_\_\_

### 2) Specify statement type:

▼ Check box A or B

- A. Most recent January – December calendar year
- B. 12 months as of the most recent pay period

### 3) Specify delivery method:

▼ Check box A or B

- A. Mail the pension statement to my address on file.
- B. I will pick up the statement in person.

### 4) Signature:

Member signature: \_\_\_\_\_ Date:      /      /       
mm / dd / yyyy

### 5) Notarization

Notarization is required if this form is mailed to the NYCPPF.

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: \_\_\_\_\_ [Please affix stamp or seal]

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Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_