



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-5570/5576/5579
www.nyc.gov/nycppf

Office use only

Time and date

Loan Cancellation

Tier 2

1) Member information (please print):

Date: ____ / ____ / ____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Command: _____ Cell / daytime phone: (____) _____

SSN (last 4 digits): _____ Rank: _____ Tax ID #: _____

2) Loan cancellation request:

I have been informed my pension account currently contains an excess balance. Accordingly, please cancel my outstanding pension loan(s) per the box checked below. I understand that, if this cancellation results in a taxable distribution, I will receive Form 1099-R for the taxable amount.

- Check ONE box at right:
- All outstanding loans
 - All loans except my biweekly payment of: \$ _____
 - Only the loan whose biweekly payment is: \$ _____

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

3) Notarization:

[Notarization is required if this form is mailed to the NYCPPE.]

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: _____

Commission expiration: ____ / ____ / ____

[Please affix stamp or seal]

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■ COPS and PMS entry: _____ Date: ____ / ____ / ____

Checked by: _____ Date: ____ / ____ / ____

■ Tax liability letter sent*: _____ Date: ____ / ____ / ____
mm dd yyyy

* If applicable