



New York City Police Pension Fund

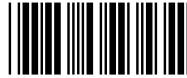
233 Broadway, 25th Fl.
New York, NY 10279

(212) 693-5100

Subject: Instructions for Transferring Membership in the NYC Employees Retirement System (NYCERS) to the NYC Police Pension Fund (NYCPPF)

➔ IMPORTANT! If your NYCERS membership date is before July 1, 2009, call the NYCPPF Membership Services Unit at (212) 693-5850 before filling out the NYCERS *Application for Transfer of Member's Accumulated Salary Deductions to Another Retirement System within New York State* (# F321). If your NYCERS membership date is after July 1, 2009, complete NYCERS Form F321 – no need to call first.

- Complete NYCERS Form 321, have it notarized, and mail it to:
NYCERS
335 Adams Street, Suite 2300
Brooklyn, NY 11201-3724
- If all legal requirements for the transfer have been met, your transfer is effective on the date NYCERS receives the notarized application.
- You have a maximum of one (1) year in which to transfer your prior New York City time to NYCPPF. This period starts with the date you separated from NYCERS.
- If you have NYCERS-related questions on filing for this transfer, contact the NYCERS Customer Service Center at (347) 643-3000. You may also call NYCPPF Membership Services at (212) 693-5850.



Application for Transfer of Member's Accumulated Salary Deductions to Another Retirement System Within New York State

Member Number	Last 4 Digits of SSN
<input type="text"/>	<input type="text"/>

I, the undersigned, do hereby make application to have the accumulated salary deductions, and accrued interest on the same, standing to my credit in the New York City Employees' Retirement System (NYCERS) transferred to my membership

in the Retirement System.

In consideration of the transfer of such amount, and upon the transmittal of such funds to the retirement system to which I am transferring, I do hereby release and discharge from any and all liability the New York City Employees' Retirement System in connection therewith.

My City service in the position of with the Department of

ceased on the day of , 20 . I have accepted a position as a(n) with the Department of on the day of , 20 .

I hereby authorize NYCERS to draw a check made payable to the retirement system of which I am now a member, to be credited to my account in that retirement system under Membership Number .

For Tier 2 and Tier 4 members who participated in a special program enacted by Chapter 96 of the laws of 1995 only.

If eligible, I hereby elect to receive a refund of my share of the *Additional Member Contributions* required to have been contributed by me due to my participation in one of the programs enacted by Chapter 96 of the Laws of 1995 and which are now to my credit in NYCERS in my Retirement Reserve Fund account.

Signature of Member

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

In Care of (if applicable)

Address	Apt. Number
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone Number

Work Phone Number

Sign this form and have it notarized, Page 2



Member Number

Last 4 Digits of SSN

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Signature of Member

Date

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This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared

before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE