



New York Fire Department Pension Fund

9 MetroTech Center
Room 6W-02K
Brooklyn, NY
(718) 999-1190

Application for Pension Account Transfer

To: Board of Trustees, FDNY

Member information:

Date: ____/____/____

First name: _____ Last name: _____

Membership #: _____ SSN (last 4 digits): _____

Address: _____ Apt./fl.: _____

City: _____ State: _____ Zip code: _____

Member request:

- I have accepted a position in the _____
effective on ____/____/____ (mm/dd/yyyy).
- I wish to resign my position as (rank): _____
in FDNY Company _____ effective ____/____/____.
- This requests that my pension account be transferred to the following
retirement system: _____

Notarization:

State of _____ County of _____

On this ____ day of _____, 20 ____ before me

personally appeared _____,
to me known and known to me to be the individual described
herein and who executed the foregoing instrument, and he/she duly
acknowledged to me that he/she executed the same.

Signature of Notary Public: _____

Commission expires: ____/____/____ (mm/dd/yyyy)

[Affix stamp or seal]