



New York City Police Pension Fund

"Serving the Finest"

**DO NOT SUBMIT
THIS FORM IF YOU
ARE AN ACTIVE
MEMBER**

Office Use Only

START or CHANGE Electronic Fund Transfer (EFT) Retiree or Payee

Member Information:

Please check one: Member OR Non-Member

Tax ID #: _____ Pension #: _____ SSN, Last 4 digits: _____

First Name: _____ M: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ - _____ DOB: ____/____/____

Please check if this is a new address

Account Information:

Request type: New OR Change

Name of financial institution: _____

ABA/Routing # (required for any account type): _____

Account Type: Checking Savings

Account #: _____

[PLEASE ATTACH AN UNSIGNED CHECK MARKED VOID]

Acknowledgement:

I authorize and direct the financial institution designation herein to immediately refund any overpayments to the New York City Police Pension Fund ("PPF"), including all payments made by the PPF on or after the date of my death, and to charge the same to the designated account. PPF's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments by the PPF, I authorize and direct the financial institution to provide the PPF with all information related to the designated account, including withdrawals after the first of the month in which my death occurs, the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account, and any changes of address within one year prior to the date of my death. **All forms mailed or faxed to the Fund MUST BE NOTARIZED.**

Retiree Signature: _____ Date: ____/____/____

Notarization:

Affix notary seal or staff name and signature:

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: _____