



# New York City Police Pension Fund

233 Broadway, 25th fl.  
New York, NY 10279  
212-693-6888  
FAX: 212-693-6057  
www.nyc.gov/nycppf

Office use only

## Award Letter Request

## Retirees / payees

This form is for NYC Police Pension Fund retirees, surviving spouses or other payees/beneficiaries to obtain proof of prior employment and/or to verify pension income for a bank or other financial institution. You may submit this form by FAX to the number shown above, or you may mail it to the above address.

▶▶ You must read Section 1, which tells you which form sections to complete.

### 1) Required information (all users):

Contact phone: (    )   

Check  I am a retiree. [Complete sections 1, 2, 3, 4, 5, 6]

ONE ▶  I am the beneficiary or payee of a retiree. [Complete sections 1, 4, 5, 6]

### 2) Retiree information (retirees only):

Retiree first name: \_\_\_\_\_ Member SSN, last 4 digits: \_\_\_\_\_

Retiree last name: \_\_\_\_\_

Provide ONE: Member Tax ID #: \_\_\_\_\_ OR Member Pension #: \_\_\_\_\_

### 3) Specify letter contents (retirees only):

- All pension certification letters contain: (1) appointment and retirement dates; (2) retirement type; (3) "pension payable for life" statement; (4) last four digits of your SSN; (5) pension amount.

If the member took Service Retirement, the Variable Supplement amount will also be included.

- Requests are processed within two business days from date of receipt.

### 4) Delivery instructions (all users):

▶ Check box 4A and/or 4B; provide all info. if box is checked.

4A:  Mail certification letter to the following address:

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Apt./floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4B:  FAX letter to: Recipient name \_\_\_\_\_

FAX # (    ) \_\_\_\_\_ Recipient phone # (    ) \_\_\_\_\_

Bank name \_\_\_\_\_

### 5) Required signature (all users):

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

Full signature: \_\_\_\_\_

### 6) Notarization (all users):

▶ This form must be notarized.

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]