



# New York City Police Pension Fund

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

Office use only

## Suspend Variable Supplement

## Retirees

Time and date

- Section 1: Provide all information.
- Section 2: Read in full, and check ONE box. Sign full name in front of a Notary Public.
- **If you return this form by mail, it must be notarized in Section 3.** Mail or deliver this form in person (NYPD ID will be required) to the NYC Police Pension Fund, 233 Broadway, 25th fl., New York, NY 10279-2501.

### 1) Member information (please print):

Cell/daytime phone: \_\_\_\_\_

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Tax ID #: \_\_\_\_\_ Pension # (if assigned): \_\_\_\_\_ Retirement date: \_\_\_\_\_  
mm / dd / yyyy

### 2) Authorization:

Check one ►  Police Officers' VSF  Superior Officers' VSF

I understand that, if I am approved for Accident Disability Retirement (ADR), I may be required to return distributions made to me from the Variable Supplement Fund (VSF). Accordingly, I authorize the NYCPPF to suspend VSF payments to me, pending the decision of the Board of Trustees regarding my retirement status.

Retiree signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
\* Sign in the presence of a Notary Public mm / dd / yyyy

### Notarization

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

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: \_\_\_\_\_ State: \_\_\_\_\_  
mm / dd / yyyy

[Please affix stamp or seal]

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_