



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-5850
www.nyc.gov/nycppf

Office use

50% Additional Contributions

Tier 2

Time and date

1) Member information (please print):

Date: ____ / ____ / ____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Command: _____ Cell /daytime phone: _____

SSN (last 4 digits): | | | | Rank: _____ Tax ID #: | | | | | | | |

2) 50% Additional request:

Check box A or box B: ▼

Start – A

OR

Stop – B

- I currently make pension contributions.
- Please START 50% *Additional* contributions, which will add 50% of my required rate (assigned by appointment or equated date) to my present contribution rate.
- 50% *Additional* contributions are made with after-tax income.

- STOP the 50% *Additional* portion of my pension contributions.

Member signature: _____ Date: ____ / ____ / ____

3) Notarization:

[Notarization is required if form is mailed to the NYCPPE.]

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: _____

[Affix stamp or seal]

Office use only

Action code:

For payroll of: ____ / ____ / ____ Payroll #: 056

Doc. #: | | | | | | | |

Employee ID #: _____

CD:

Effective date: ____ / ____ / ____

Pension designator: R

JSN: 1

Expiration date: ____ / ____ / ____

Pension tier: 002

Deduction code: 7618

Pension plan: 0000

Deduction rate: 0 . | | | | |

Pension ITHP: N

ITHP rate: 0 . 0000

Pension var. annuity code: N

Pension 50% indicator: N

PMS Entered by: _____

PMS Checked by: _____

COPS Entered by: _____

DUPLICATE Check if yes

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

Date of original ▲