



New York City Police Pension Fund

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

Office use

STOP or REINSTATE Pension 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) Pension contribution request:

Check one box ▼

Stop ▶

OR

Reinstate ▶

STOP my member pension contributions.

I understand this action has the following consequences:

- 1) It creates a pension account shortage, which, if unrepaid, will result in a reduced pension upon retirement.
- 2) The reduction in total contributions may not exceed the amount I am required to pay under FICA (Social Security) for any given year.
- 3) When my taxable earnings for the year reach the level where the FICA tax is no longer imposed, my member contributions **must resume**.

REINSTATE my member pension contributions.

Member signature: _____ Date: ____ / ____ / ____
mm dd yyyy

Notarization: [Notarization is required if you mail this form 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 expires: ____ / ____ / ____ [Affix stamp or seal]

Office use only

Action code: **C**

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

Payroll #: **056**

For payroll of: ____ / ____ / ____

Pension designator: **R**

FICA class: _____

Tax ID #: |_|_|_|_|_|_|_|_|

CD:

JSN: **1**