



New York City Police Pension Fund

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

Office use only

Pension Statement Request

Tier 2 / Tier 3

Time and date

Instructions:

- **One request per 30 day period.**
- Section 1: Provide information requested.
- Sections 2 and 3: Check one box in each section.
- Section 4: Sign and date your signature.
- **If this form is mailed to the NYC Police Pension Fund, it must be notarized.** Mail to: NYC Police Pension Fund, Membership Services, 233 Broadway, 25th fl. New York, NY 10279 or upload form via webCOPS without notarization.

1) Member information:

SSN (last four digits): Tax ID:

First name: _____ MI: _____

Last name: _____ Contact phone: _____

2) Specify statement type:

▼ Check box A or B

- A. Most recent January – December calendar year
- B. 12 months as of the most recent pay period

3) Specify delivery method:

▼ Check box A or B

- A. Statement uploaded to webCOPS
- B. Mail the statement to my address on file

4) Signature:

Member signature: _____ Date: / /
mm dd yyyy

5) 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: _____ [Please affix stamp or seal]

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Received by: _____ Date: ____ / ____ / ____

Processed by: _____ Date: ____ / ____ / ____