New York City Police Pension Fund

233 Broadway, 19th floor
New York, NY 10279-2501
212-693-5570/5576/5579
www.nyc.gov/nycppf

Office use

Time and date

Refund of Excess – Tier 2

Guidelines

- **Refund of excess** refers to the return of any funds in your pension account above the amount required on your 20th anniversary to fund a full pension benefit.
- Refunds of excess that consist of interest and/or pretax contributions are taxable. If any part of the excess refunded is a taxable distribution, the NYCPPF will deduct 20% for Federal taxes.
- A refund of excess that consists **only** of previously taxed contributions is non-taxable. You will receive IRS Form 1099-R at the end of the year. When you do your taxes, enter the **total** distribution amount in box 16(a) on IRS Form 1040. Then enter the **taxable** amount of the distribution in 1040 box 16(b).
- A taxable refund of excess to a member who is under 59½ yr. of age may incur an additional 10% tax penalty.

Member Information

Date: ____/____/_____ (mm dd yyyy) Tax ID #: _____

First name: _____ MI: ____ Last name: _____

SSN (last 4 digits): |_|_|_|_| Command: _____

Appointment date: ____/____/_____ Cell/other phone: (_____) _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip code: _____

Refund Request

1.) Please pay my refund of excess as follows. Check one box in line A or line B. Fill in the amount if you do not check "All".

A. Excess amount: All ☐ **or** $ ☐ _____

B. Tax-free excess only: All ☐ **or** $ ☐ _____

2.) I understand that continuing to make loan payments will increase my account excess. Check one box below:

☐ Cancel outstanding loan(s)

☐ Do not cancel outstanding loan(s)

► **If cancelling a loan results in a taxable distribution, you will receive IRS Form 1099-R for the taxable amount.**

Notarization

[Notarization is required if you mail this form to the NYCPPF]

State of _____ County of _____

On this ____ day of _____ , 20 ____ before me _____

[Member signature line]

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 Member ID verified by: _____ Date: ____/____/_____