



POLICE PENSION FUND—Shortage Request
233 Broadway—19th Floor, New York, NY 10279

DATE _____

FROM: Rank/Name _____
Tax# _____
Social Security No.
(Last 4 Digits) _____
Date of Appointment _____
Command _____

SUBJECT: REQUEST FOR CALCULATION OF PENSION SHORTAGE

I hereby request my pension shortage be calculated and forwarded to me at the following

Signature

- Please return this form in person to the NYCPPF or if mailing please have the form notarized and mail to : NYC PPF
233 Broadway, 19th Floor
New York, New York 10279
Attn: Membership Services