



New York City Police Pension Fund

233 Broadway, 19th Floor
New York, NY 10279
212-693-5100
www.nyc.gov/nycppf

Office use only

Time and date

Shortage Analysis Request

Shortage information: A shortage is defined as your Annuity Savings Fund account's required amount minus the current account balance. Your analysis will be calculated as of the most recent available pay period. For shortage questions, call Membership Services at (212) 693-5850.

Instructions

1. Provide all information requested in section 1 (one letter or numeral per space).
2. Check only **one box** in section 2.
3. Write and date your full signature in section 3.
4. **If you mail this form to the Police Pension Fund, you must notarize your signature** using section 4.
5. Hand deliver or mail the completed form to: New York City Police Pension Fund, 233 Broadway, New York, NY 10279 (Attention: Membership Services Unit).

1) Member information

SSN (last four digits): Tax ID:

First name: M.I.:

Last name:

2) Specify delivery method [Check box A or box B.]

- A. Mail to my address on file.
- B. Personal pickup [ID card required]

3) Signature [Sign both first and last names, and date your signature.]

Member signature: _____ Date: ____/____/____
first name last name mm dd yyyy

4) Notarization [Notarization is required only if you mail this form to the Police Pension Fund.]

Before me, the undersigned authority, on this day personally appeared
(print full name) _____, known to me to be the
person whose name is signed above, and who, upon his/her oath, acknowledged to me that he/she
executed this instrument for the purposes herein expressed.

Sworn and executed before me this ____ day of _____, 20____

Official signature of New York State Notary Public or Commissioner of Deeds:

Qualified county: _____

Commission expiration date: _____

Registration number: _____ [Affix stamp or seal if available]

Office use only [Print first and last names]

Verified by: _____ Date: ____/____/____

Processed by: _____ Date: ____/____/____