

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
SERIES "I" BOND DEDUCTION
 (SEE INSTRUCTIONS ON REVERSE)

Please Note - SHADED AREAS FOR AGENCY USE ONLY

1) TRANSACTION TYPE (ONLY ONE BOND TRANSACTION PER SUBMISSION)

A) **NEW ENROLLMENT** (FIRST TIME SUBMISSION OF BOND DEDUCTION) -CHECK ONE ONLY-
 BOND "A" BOND "B"

B) **CANCELLATION** (UPON COMPLETION OF CURRENT BOND PURCHASE) -CHECK ONE ONLY-
 BOND "A" BOND "B"

C) **CHANGE OF:** OWNER'S NAME OWNER'S ADDRESS CO-OWNER OR BENEFICIARY DEDUCTION PLAN
(CHECK ALL AFFECTED)

BOND AFFECTED BY CHANGE: BOND "A" (CODE 7052) BOND "B" (CODE 7053)
-CHECK ONE ONLY-

ACTION CODE DOCUMENT #

2) EMPLOYEE'S SOCIAL SECURITY #

CD JSN

PAYROLL # FROM MONTH DAY YEAR
 EFFECTIVE DATE
 TO MONTH DAY YEAR
 DATE OF EXPIRATION

3) **DEDUCTION CODE SELECTION** -CHECK ONE ONLY-

BOND A BOND B
 7052 7053

4) **DEDUCTION PLAN**
SEE CHART BELOW FOR DEDUCTION SCHEDULE
ENTER DEDUCTION PLAN CODE

BOND OWNER'S INFORMATION

5) **OWNER'S NAME** (FIRST / MIDDLE INITIAL / LAST)

6) **OWNER'S SOCIAL SECURITY #** (ENTER ONLY IF OTHER THAN EMPLOYEE)

7) **OWNER'S ADDRESS**

STREET LOCATION
 Line 1
 Line 2

CITY **STATE** **ZIP CODE** **PLUS 4**

8) **NAME OF CO-OWNER OR BENEFICIARY** NOTE: ONLY ONE CO-OWNER OR BENEFICIARY MAY BE ASSIGNED PER BOND.

(CHECK ONE)
 CO-OWNER
 BENEFICIARY

9) DEDUCTION PLAN AUTHORIZATION - FOR NEW ENROLLMENTS OR CHANGES OF DEDUCTION PLAN ONLY.
(EMPLOYEE MUST INITIAL DEDUCTION PLAN SELECTED)

\$100 BOND			
EMPLOYEE INITIALS	DEDUCTION PLAN	PAY DATE DEDUCTION	NUMBER OF INSTALLMENTS
	0120	\$ 5.00	20
	0110	\$ 10.00	10
	0108	\$ 12.50	8
	0104	\$ 25.00	4
	0102	\$ 50.00	2

\$500 BOND			
EMPLOYEE INITIALS	DEDUCTION PLAN	PAY DATE DEDUCTION	NUMBER OF INSTALLMENTS
	0550	\$ 10.00	50
	0525	\$ 20.00	25
	0520	\$ 25.00	20
	0510	\$ 50.00	10
	0505	\$ 100.00	5

\$1000 BOND			
EMPLOYEE INITIALS	DEDUCTION PLAN	PAY DATE DEDUCTION	NUMBER OF INSTALLMENTS
	1050	\$ 20.00	50
	1040	\$ 25.00	40
	1020	\$ 50.00	20
	1010	\$ 100.00	10
	1005	\$ 200.00	5
	1002	\$ 500.00	2

10) **EMPLOYEE'S NAME** (PRINT) FIRST MI LAST

EMPLOYEE'S SIGNATURE DATE WORK TEL.# ()

AGENCY USE ONLY

(PLEASE PRINT)

PREPARED BY DATE

SIGNATURE TELEPHONE #

PMS SAVINGS BOND DEDUCTION FORM INSTRUCTIONS

1.) TYPE OF TRANSACTION: This section indicates the specific type of transaction you wish to effect. The three Transaction Types are:

A.) New Enrollment - Only to initiate a bond deduction. You may choose either:

Bond A - If this is your first bond deduction or,

Bond B - If you wish to add a second bond deduction to the one in which you are currently enrolled. Do not check both Bond A and Bond B. If you wish to initiate two simultaneous bond deductions, you must submit a separate form for each.

B.) Cancellation - Only to cancel an active bond deduction. Check either Bond A or Bond B, depending on which specific bond deduction you wish to cancel. Do not check both Bond A and Bond B. If you are currently enrolled for two simultaneous bond deductions and wish to cancel both, you must submit a separate form for each.

C.) Change Of - Only to change various types of information for bond deduction currently in progress. You may choose any or all of the options in this section. Only those changes indicated in this section will be processed, so be sure to mark the appropriate box(es) when completing the form. If you are currently enrolled for two simultaneous bond deductions, please indicate which deduction the change(s) are to affect by marking either Bond A or Bond B in the area just below the "Change of" section. If you wish to change information for both deductions you must submit a separate form for each. If you are currently enrolled for only one deduction leave the section labeled "Bond Affected By Change" blank.

2.) EMPLOYEE'S SOCIAL SECURITY #: Enter your own social security number here.

3.) DEDUCTION CODE SELECTION: Check the box that indicates the specific bond deduction that this form is to effect. You may check either Bond A (7050/7052) or Bond B (7051/7053), but not both. If you wish to execute actions for two distinct deductions, you must submit a separate form for each.

4.) DEDUCTION PLAN: Enter the 4-digit code that represents both the denominations of the bonds you wish to purchase and the dollar amount that will be deducted each payday from your check. Deduction plan options are shown in Section 9 Deduction Plan Authorization.

5.) OWNER'S NAME: This may be yourself, or anyone you so designate.

6.) OWNER'S SOCIAL SECURITY #: If you designated an owner other than yourself, enter that individual's social security number. If you listed yourself as the owner, leave this section blank.

7.) OWNER'S ADDRESS: Enter the address to which the bonds will be mailed. Be sure to include the Apt.#, if applicable.

8.) NAME OF CO-OWNER OR BENEFICIARY: Enter the name of the individual you wish to designate as the Co-owner or Beneficiary on the bonds. Check the appropriate box to the right of this name to indicate the individual's status. Note: You do not have to designate a Co-owner/Beneficiary, in which case you should leave this section blank.

9.) DEDUCTION PLAN AUTHORIZATION: This section confirms your choice of Deduction Plan. You must initial the plan selected.

10.) Print your name, sign the form, enter date and list your work telephone number.

If you have any questions please contact your agency's Savings Bond Coordinator.