New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Award Letter Request

Demographics: Please check **one**: ◯ Retiree ◯ Alternate Payee ◯ Beneficiary

First Name: _____ Middle Initial: ___ Last Name: _____

Tax ID / Pension No.: _____ Contact Phone Number: (_____) _____

Instructions: **This form is for Retirees / APs / Beneficiaries in PAY STATUS**

- Print all requested information and answer each section completely.
- Mailed and faxed forms must be notarized.
- Use this form to request an income verification/pension certification.
- Non-members should provide their name and Pension Number; if you do not have a Pension Number, please include specific identifying member information.
- All pension certification letters contain: 1) appointment and retirement dates; 2) retirement type; 3) "pension payable for life" statement; 4) last four digits of your SSN; 5) pension amount. Please indicate if any of this information is to be OMITTED. If the member retired from Service, applicable VSF information will be included.
- You may fax this request to the Pension Payroll unit at (212) 693-6057.

Recipient Information: Transmission Preference: ◯ Mail ◯ Fax

Name: _____ Institution: _____

Contact Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Acknowledgement: Signature: _____ Date: _____

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: _____

Affix notary seal or staff name and signature:

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