



Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



Application To Restore Rate Of Deduction

Member Number	Last 4 Digits of SSN
Agency	Title

NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records.

This Election to Restore my Rate of Deduction to NYCERS for Annuity Purposes Will Remain in Full Force and Effect Unless Revoked One Year or More After Date of Filing.

To The Board Of Trustees:

I, the undersigned, hereby elect to **Restore** my rate of deduction to NYCERS for annuity purposes, and request that NYCERS **Resume** having contributions made from my compensation for such purposes.

Please Print

First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code
Work Phone Number	Home Phone Number	
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Signature of Member	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

If you have an official seal, affix it

Sign this form and have it notarized