



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



**Election To Pay Extra Salary Deductions  
To Provide For Additional Annuity At Retirement**

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 Purchase Additional Annuity Will Remain In Full Force And Effect Unless Revoked One Year Or More After Date Of Filing.**

I hereby elect to increase my rate of pension deductions to a rate fifty percent greater than my *normal* rate of contribution to the New York City Employees' Retirement System for the purpose of providing an additional annuity at retirement. I understand that the additional contributions **may not** be withdrawn prior to my discontinuance of City service other than for actual retirement purposes.

**Please Print**

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Work Phone Number (    )	Home Phone Number (    )

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.

If you have an official seal, affix it

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

**Sign this form and have it notarized**