



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



**Election to Transfer Membership for Retirees of NYCERS
For Tier 1 or Tier 2 CPP or ISF Members**

This application is for Tier 1 and Tier 2 Retirees who wish to transfer their membership to the New York State and Local Retirement System (NYSLRS) or the New York City Teachers' Retirement System (NYCTRS). Please read the conditions below and complete the requested information. **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.** Should you have any questions, please contact our call center at 347-643-3000.

NYCERS Pension Number	Last 4 Digits of SSN	Home Phone ()	Work Phone ()
First Name		M.I.	Last Name
Address			Apt. Number
City		State	Zip Code

In accordance with Chapter 558 of the Laws of 2001 and Chapter 381 of the Laws of 2002, I understand that in order for this election to be valid pursuant to said law I must have been a member enrolled in:

ISF and the following conditions apply:

- I must have retired from NYCERS **and**
- I have received a pension payment and shall repay to NYCERS the total pension collected

CPP and the following conditions apply:

- I must have retired from NYCERS **and**
- I have not received a pension payment from NYCERS **or**
- I have received a pension payment and shall repay to NYCERS the total pension collected

I hereby elect to have my membership in NYCERS transferred to the New York State and Local Employees' Retirement System or the NYC Teachers' Retirement System, where I am now a member of _____
under registration/member number: _____

Signature of Applicant

Date

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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