



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



NYCERS USE ONLY

F341

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Waiver of Right to a Vested Retirement Benefit All Tiers

As a NYCERS member you are entitled to a Vested Retirement Benefit after having met the Credited Service requirement in accordance with your retirement plan. A member with such status may withdraw their accumulated member contributions, but, in doing so, forfeits the Vested Retirement Benefit to which they would otherwise be entitled. Complete this form only if you wish to waive your rights to a Vested Retirement Benefit, and withdraw your contributions. **NOTE: If the address you provide on this form is different from your address in NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions regarding this waiver, please contact NYCERS' Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
<input type="text"/>	<input type="text"/>	()	()
First Name	M.I.	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			Apt. Number
<input type="text"/>			<input type="text"/>
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I elected to receive a refund of my accumulated member contributions. I understand that by making such election and completing this waiver, I forfeit the right to any and all benefits from NYCERS, including the Vested Retirement Benefit to which I would otherwise be entitled.

Signature of Member	Date
<input type="text"/>	<input type="text"/>

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 they acknowledged to me that they 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

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