

# NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:

335 ADAMS STREET,  
SUITE 2300  
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:

340 JAY STREET,  
MEZZANINE LEVEL  
BROOKLYN, NY 11201-3724  
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

## Election of the Optional 20-Year Retirement Program

### For Tier 2 Investigator Members

This application is to be used by an *Investigator Member* who wishes to participate in the 20-Year Retirement Program. Please read the eligibility requirements below before signing this form. Should you have any questions about this form, please contact our Call Center at 347-643-3000.

**Investigator Member:** A member of NYCERS who is a *Police Officer* as defined by the Criminal Procedure Law, and is an Investigator employed in the office of a District Attorney.

Membership Number  Last 4 Digits of Social Security #

First Name  Middle Initial

Last Name

Address  Apt. Number   
Zip

City  State  Code

Home Phone Number (  )  -  Work Phone Number (  )  -

I, the undersigned, hereby elect to participate in the 20-Year Retirement Program for *Investigator Members* employed by a District Attorney's Office.

**I understand that in order for this election to be valid pursuant to law:**

1. I was an *Investigator Member* on November 16, 2004 and must file this application with NYCERS no later than **May 16, 2005.**

**OR**

2. I became an *Investigator Member* after November 16, 2004 and I must file this application with NYCERS within 180 days of becoming an *Investigator Member*.

**AND**

3. I must be an *Investigator Member* on the date this application is filed with NYCERS.

**ONCE AN ELECTION TO PARTICIPATE IN THE 20-YEAR IDA PLAN IS FILED WITH NYCERS, IT MAY NOT BE REVOKED.**

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Membership Number

Last 4 Digits of Social Security #

Signature of Member \_\_\_\_\_ Date / /   
M M D D Y Y Y Y

**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.