

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 25-Year Retirement Program

For Tier 2 Investigator Members

This application is to be used by an *Investigator Member* who wishes to participate in the 25-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
City State Zip Code

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

I, the undersigned, hereby elect to participate in the 25-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 became an *Investigator Member* employed by a District Attorney's office after July 30, 1996
AND
2. I will file this application 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 25-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.