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,
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BROOKLYN, NY 11201-3724

TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

25 Year Plan Election Form - Deputy Sheriffs

Tier 2 and Tier 4

Membership Number _____ Last 4 Digits of Social Security # _____

First Name _____ Middle Initial _____

Last Name _____

In Care of
(if applicable) _____

Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

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

ONCE THIS APPLICATION IS RECEIVED BY NYCERS IT CANNOT BE REVOKED

To New York City Employees' Retirement System (NYCERS):

In accordance with Chapter 559 of the Laws of 2001, I the undersigned, hereby elect to participate in the the 25-Year Retirement Program for Tier 2 or Tier 4 Deputy Sheriffs, and to contribute to NYCERS for the right to retire under this Program

I Understand That In Order For This Election To Be Valid Pursuant To Law:

1. a. I must have already been a Deputy Sheriff member* on December 12, 2001, and I must now file an application with NYCERS no later than June 10, 2002 (180 days after enactment of the law) **OR**

   b. I must have become a Deputy Sheriff member after December 12, 2001 and file an application with NYCERS within 180 days of my becoming a Deputy Sheriff **AND**

2. I must be a Deputy Sheriff on the date this application is filed with NYCERS

*****Deputy Sheriff member is defined as: a member of the retirement system employed by the City of New York as a deputy city sheriff level one, deputy city sheriff level two, supervising deputy sheriff or administrative sheriff.

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 _____ Country 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 _____