



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



**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. **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 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.

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

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.

Signature of Member	Date

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 _____

Sign this form and have it notarized