



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



**Waiver of Right to a Vested Retirement Benefit  
All Tiers**

As a NYCERS member you are entitled to a Vested Retirement Benefit after five years of Credited Service. A member with at least five, but less than ten years of Credited Service, 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 our system, the new address will become your official address in our records.** Should you have any questions regarding this waiver, please contact our Call Center at 347-643-3000.

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 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.

<b>Signature of Member</b>	<b>Date</b>
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**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

**Sign this form and have it notarized**