



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



**Election of Career Pension Plan or ISF
Tier 1 and Tier 2 Members**

This application is for Tier 1 or Tier 2 members, in active City service, who are enrolled in the Career Pension Plan (CPP) or the 55 Year Increase-Service-Fraction Plan (ISF) who wish to change from one plan to another. Please be sure to read the conditions below and complete the requested information. **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 application, please contact our Call Center at (347)643-3000.

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

I, the undersigned, elect the following:

TIER 1 MEMBERS ONLY

- I am currently a Tier 1 member in Plan A (CPP) and I elect to participate in Plan B (55 Year ISF).
- I am currently a Tier 1 member in Plan B (55 Year ISF) and I elect to participate in Plan A (CPP).

TIER 2 MEMBERS ONLY

- I am currently a Tier 2 member in Plan C (Mod CPP) and I elect to change to Plan D (55 Year Mod ISF).
- I am currently a Tier 2 member in Plan D (55 Year Mod ISF) and I elect to change to Plan C (Mod CPP).

I understand that once this election is filed with NYCERS it may NOT BE REVOKED until 30 days before I file for retirement or I vest and that my retirement benefits and/or my rate of contribution may change as a result of this election.

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