



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



**For Tier 1 And Tier 2 Members Only
Election To Contribute Additional 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.

Member Number	Last 4 Digits of SSN	Home Phone Number ()	Work Phone Number ()

To The Board Of Trustees:

I, the undersigned, am a member of the New York City Employees' Retirement System.

I am either:

- A Tier 1 member enrolled in the 55-Year-Increase-Service-Fraction Plan (Plan B)
- or**
- A Tier 2 member enrolled in the *Modified-55-Increased-Service-Fraction* Plan (Plan D).

I hereby elect to increase my normal annuity contributions to NYCERS by one percent (1%), as allowed by law.

Please Print

First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code

Signature	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 _____

If you have an official seal, affix it

Sign this form and have it notarized