



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



Request For Election or Change of Voluntary Contributions As Provided By the Transit 20-Year Non-Contributory Plan

In accordance with the provisions of Subdivision L of Section B3-36.6 of the Administrative Code, I hereby elect to retire after twenty years of Transit Service with my retirement allowance payable at or after age 50. (Must be filed within 30 days after appointment to a Transit Operating Position by an employee who is a member and who has entered such position on or after July 1, 1970). **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.**

First Name	M.I.	Last Name

Member Number	Pass Number	Title

For Members with an effective date prior to July 5, 1970
(Note: The following election or change must remain in effect for at least one year.)

ELECTION OF VOLUNTARY CONTRIBUTIONS

As a qualified member of the 20-Year Transit Non-Contributory Plan, I do now elect to contribute voluntarily to the Retirement System, at the rate indicated below:

2 ½ % _____ 5% _____ 7 ½ % _____ 10% _____

OR

CHANGE OF VOLUNTARY CONTRIBUTIONS RATE

I hereby request to change my rate of Voluntary Contributions under the 20-Year Transit Non-Contributory Plan:

From _____ % To : 0% _____ 2 ½% _____ 5 % _____ 7 ½ % _____ 10% _____

Address	Apt. Number

City	State	Zip Code

Work Phone Number	Home Phone Number
()	()

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 _____

If you have an official seal, affix it