



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



**Withdrawal From Transit 20-Year Retirement Plan
For Tier 1 and Tier 2 Members and Election of the Age 55 One-Percent Plan**

This application is for Tier 1 and Tier 2 members who wish to withdraw from the Transit 20-Year Retirement Plan. If you choose to no longer participate in this plan, you will automatically be placed in the Age 55 One-Percent Plan, within your Tier. All contributions will then be calculated as though you had become a member of this plan on the date of your last membership in NYCERS. **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 withdrawal, please contact our Call Center at 347-643-3000.

No advance (partial) pension payment will be sent to you until NYCERS has a copy of your birth certificate on file.

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	()	()
First Name	M.I.	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Address			Apt. Number
<input style="width: 95%;" type="text"/>			<input style="width: 50%;" type="text"/>
City		State	Zip Code
<input style="width: 95%;" type="text"/>		<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Title			Pass #
<input style="width: 95%;" type="text"/>			<input style="width: 50%;" type="text"/>

I, the undersigned, hereby elect to participate in the Age 55 One-Percent Plan.

Signature of Member	Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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