



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



Request to Cancel Application For The Purchase of Pre-Member or Military Service

This form is to be used only by members who applied to purchase pre-member and/or military service and wish to cancel their application before payroll deductions begin as indicated in NYCERS' cost letter. **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 form, please contact our Call Center at 347-643-3000.

Which type of purchase do you wish to cancel (check one or both):

Pre-Member Service -And/Or- Military Service

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 wish to cancel my request to purchase pre-member and/or military service. Please do not certify the payroll deductions that are set to begin on the date indicated in NYCERS' cost letter. I understand that in the event NYCERS does not receive this form until after the payroll deduction effective date indicated in the cost letter, I would not be entitled to a refund of any payments already deducted from my paycheck. However, I understand that I would receive the equivalent service credit based on payments that may have already been made.

I understand that I could reapply to purchase this service any time prior to my retirement or termination from City service and that a new cost would be determined at that time.

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

Sign this form and have it notarized, THIS PAGE