



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



Request for a Lump-Sum Payoff Balance for the Purchase of Pre-Member and/or Military Service

This form is to be used only by members who are currently paying for pre-member and/or military service through payroll deductions and request an estimate of their lump-sum payoff balance. **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.

Which type of service are you purchasing? (check one or both):

Pre-Member Service -And/Or- Military Service

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
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First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Title

Please provide me with an estimate of the lump-sum payoff balance due on the pre-member and/or military service I am currently purchasing through payroll deductions. I understand that my current payroll deductions would continue for the period previously determined unless I submit a check for the full lump-sum payoff balance by the date indicated in the letter sent to me after filing this request. I also understand that a partial lump-sum payment would not be accepted. Further, I am eligible to request a lump-sum estimate only once every six (6) months during the period I am making payroll deductions in connection with the purchase of my pre-member and/or military service.

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