



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



**Application for Transfer of Member's Accumulated Salary Deductions to Another Retirement System Within New York State**

Member Number	Last 4 Digits of SSN

**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.**

I, the undersigned, do hereby make application to have the accumulated salary deductions, and accrued interest on the same, standing to my credit in the New York City Employees' Retirement System (NYCERS) transferred to my membership in the

 Retirement System.

In consideration of the transfer of such amount, and upon the transmittal of such funds to the retirement system to which I am transferring, I do hereby release and discharge from any and all liability the New York City Employees' Retirement System in connection therewith.

My City service in the position of  with the Department of

ceased on the  day of , 20 . I have accepted a position as a(n)

with the Department of  on the  day of

, 20 .

I hereby authorize NYCERS to draw a check made payable to the retirement system of which I am now a member, to be credited to my account in that retirement system under Membership Number

**For Tier 2 and Tier 4 members who participated in a special program enacted by Chapter 96 of the laws of 1995 only.**

If eligible, I hereby elect to receive a refund of my share of the *Additional Member Contributions* required to have been contributed by me due to my participation in one of the programs enacted by Chapter 96 of the Laws of 1995 and which are now to my credit in NYCERS in my Retirement Reserve Fund account.

Signature of Member

First Name	M.I.	Last Name

In Care of (if applicable)

Address	Apt. Number

City	State	Zip Code

Home Phone Number

(  )

Work Phone Number

(  )



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Signature of Member

Date

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**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.

If you have an official seal, affix it

Signature of Notary Public or  
Commissioner of Deeds \_\_\_\_\_

Official Title \_\_\_\_\_

Expiration Date of Commission \_\_\_\_\_

**Sign this form and have it notarized, THIS PAGE**