Application for Refund of Member’s Accumulated Salary Deductions

This application is for members who wish to receive a refund of their accumulated salary deductions. Please be sure you read and understand the instructions and return the completed form to 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, please contact our Call Center at 347-643-3000.

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<th>Member Number</th>
<th>Last 4 Digits of SSN</th>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
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I, the undersigned, hereby make application for the return of the accumulated salary deductions, and accrued interest, to my credit in the New York City Employees’ Retirement System (NYCERS).

I understand that by withdrawing my accumulated salary deductions, my membership and all the associated rights, benefits and privileges will end.

I further understand that I could allow these accumulated salary deductions to remain on deposit with NYCERS while I am out of City service, and thereby continue my membership until I have been out of City service for five or more years in any ten-consecutive-year period. Such accumulated salary deductions left on deposit with NYCERS will continue to be credited with interest for five years, or such other date as provided by law.

**Refund of Additional Member Contributions**

I also hereby make application for refund of my share of the Additional Member Contributions, and accrued interest to my credit in the Retirement Reserve Fund account of NYCERS. I understand that withdrawal of such Additional Member Contributions is governed by the statute that created the special program which required the payment of such Additional Member Contributions. If no withdrawal is provided by such statute, I will receive a refund only of the amount of accumulated salary deductions in NYCERS.

My City service in the position of [ ] with the Department of [ ] ceased on the __ day of __, [ ]

Check relevant box below.

☐ I am not now in City service.

☐ I am now in City service in the Department of [ ] since [ ] / [ ] / [ ]

My title is [ ]

**Due to Federal Income Tax laws, after you file this application and we compute the refund payable to you, NYCERS will send you a notice concerning its taxability and, if applicable, an election form so that you may roll over the taxable portion of the refund, if you elect to do so.**

If no part of the refund is taxable, or the taxable amount is under $200, no election form or tax notice will be sent.

First Name [ ] M.I. [ ] Last Name [ ]

In Care of (if applicable) [ ]

Address [ ] Apt. Number [ ]

City [ ] State [ ] Zip Code [ ]
Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101

Member Number

Last 4 Digits of SSN

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