



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



**Application for Refund of Excess Contributions
Tier 1 or Tier 2 Members**

This application is for members who wish to receive a refund of their excess contributions. Please be sure you read and understand the instructions and return it 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.

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
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I hereby make application for refund of the excess Accumulated Salary Deductions, and accrued interest on the same, standing to my credit in the New York City Employees' Retirement System. I understand that excess contributions do not begin to accumulate until **January 1st of the year following the year** I complete the minimum required years of service for my retirement plan.

Please Note: Since the law requires members to cancel their contribution rate as a condition of receiving a refund of excess contributions, this application will also serve as a request by you to cancel your contribution rate.

Due to Federal 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, no election form or tax notice will be sent to you. If you wish to limit your return of excess contributions to amounts not subject to Federal tax, check off "Tax-Free Principal." The excess paid to you will be limited to your pre-1987 contributions.

Indicate **Only One** Of The Following As Your Excess Amount Request

Maximum **or** Tax-Free Principal **or** Amount \$

Special Notice To Prospective Retirees

If you are in the process of retiring, an option letter may be sent so quickly that the amount of your excess refund and any loan taken at retirement may not have been processed and deducted from your Annuity Savings Fund prior to the time that the retirement allowance amounts are determined.

If an excess and/or loan is processed after your option letter, the amounts stated in that letter will not be correct. Please contact NYCERS immediately if you realize that this has happened in your case. Failure to contact NYCERS will result in an overpayment in your retirement allowance, a future downward revision in your benefit, and a requirement that you return any overpayments.

First Name	M.I.	Last Name
In Care of (if applicable)		
Address		Apt. Number
City	State	Zip Code

Sign this form and have it notarized, Page 2



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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.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

FOR NYCERS USE ONLY

Excess Contributions Worksheet

- 1. Net accumulated deductions as of current date: \$

- 2. Accumulated deductions at the end of eligible year of to cancel rate. December 31, \$
- 3. Add present value of outstanding loans.

- 4. Fixed maximum amount required. (2 + 3) \$

- 5. Excess accumulations refundable. (1 - 4) \$

- 6. Amount to be vouchered (reduced to amount requested, if less than time 5): \$

Computed by Checked by

Sign this form and have it notarized, THIS PAGE