



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



NYCERS USE ONLY

F332

Application for Refund of Excess Contributions Tier 1 and 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 NYCERS' system, the new address will become your official address in NYCERS' records.** If you have any questions, please contact NYCERS' Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number	Work Phone Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Name	M.I.	Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
In Care of (if applicable)			
<input style="width: 95%;" type="text"/>			
Address			Apt. Number
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
City	State	Zip Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

I hereby make application for a 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 NYCERS computes 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 refund, if you elect to do so.

If you wish to limit your return of excess contributions to amounts not subject to Federal tax, check the box labeled "Tax-Free Principal." The excess paid to you will be limited to your pre-1987 contributions.

Check ONLY ONE of the Following As Your Excess Amount Request:

Maximum – OR – Tax-free Principal Amount – OR – Enter An 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.





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Choose a Payment Method

- Mail a check to my mailing address, **OR**
- Direct Deposit to the following bank account:

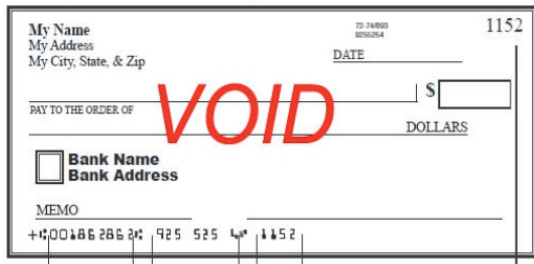
Bank Name: _____

Account Type: Checking Savings

Routing Number: _____ Account Number: _____

How to find your routing and account numbers:

Sample Check



9 Digit Bank Routing Number Your Account Number Check Number

Sample Deposit Slip



9 Digit Bank Routing Number Your Account Number

Note: Your bank may use different routing numbers for deposits. If your deposit slip has this notation, use this routing number for your direct deposit.

NYCERS must verify your bank account. Please include ONE of the following documents with your application:

- Preprinted check (write "VOID")
- Preprinted deposit slip (write "VOID")
- The top portion of your bank statement

The following information must be preprinted and clearly visible on the document you are including:

- Your name (must match NYCERS records exactly)
- The checking or savings account number of the account you are using for Direct Deposit

Member Signature

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** _____

