NYCERS USE ONLY **F360**

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

Release of Claim Under Section 1310 of The Surrogate's Court Procedure Act

This release must be signed by each individual with an equal or higher qualifying relationship than that of the claimant filing NYCERS Form #361, Affidavit of Benefit Claimed Under Section 1310 of the Surrogate's Court Procedure Act, in relation to the deceased member named below. By signing this release, the signing releasor waives his/her right to any benefits and permits release of the benefits to the claimant filing NYCERS Form #361. **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.**

DECEASED MEMBER'S INFORMATION

Pension Number	Member Number	Date of Death [MM/DD/YYYY]	Date of Birth [MM/DD/YYYY]
		/ /	/ /

First Name	M.I.	Last Name

RELEASOR'S INFORMATION

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Releasor's Social Security Number	Daytime Phone Number
	( )

I, the undersigned, hereby state that I am the _____ of the above-named deceased
(your relation to deceased member)
NYCERS member. I consent to the collection by _____ of the deceased member's
(name of claimant filing NYCERS Form #361)
benefits due from NYCERS. I further agree not to hold NYCERS, the Board of Trustees of NYCERS, or any of its members, individually or collectively, liable at any time for payment of this sum to the above-mentioned claimant.

Pursuant to the Penal Code of the State of New York, offering a document containing false statements or false information constitutes a felony punishable by the maximum of 4 years imprisonment. All documents suspected of containing false statements will be referred to The New York City Department of Investigation for investigation.

Signature of Releasor	**Date**

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 2 0____, 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