



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



**Application for Without Fault or Delinquency Retirement
Tier 1 ONLY**

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.

Member Number	Last 4 Digits of SSN

I, the undersigned, hereby make application for the benefit provided for a member who is removed or otherwise involuntarily separated from City service for any cause other than fault or delinquency on his or her part after having completed twenty years of allowable service, including not less than one-half year during the year immediately preceding such discontinuance, or who is so removed from a position in the competitive or labor class of the classified civil service after any period of service.

I was employed as a Title

in the Agency until

[MM/DD/YYYY] / / on which date I was separated from City service due to

Cause

First Name	M.I.	Last Name

Address	Apt. Number

City	State	Zip Code

Signature of Member	Date

(Witnesses necessary only if mark is used for signature)

Witnessed by	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 _____

Sign this form and have it notarized, THIS PAGE