



NYCERS USE ONLY	F331		

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

# **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 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	Но	me Phone Number	Work Phone Number
First Name	'	M.I.	Last Name	,
In Care of (if applicable)		'	'	
Address				Apt. Number
City		Sta	ate	Zip Code
Previous Employer Info	rmation		Current Employ	ver Information
Previous Agency:			Current Agency:	
Previous Title:			Current Title:	
Separation Date:			Start Date:	
1	(mm/dd/yyyy)			(mm/dd/yyyy)
Are you currently in City so	ervice? Yes No			
If Yes, provide your Curre	nt Employer Information in the	right-han	d column above.	
				·

Due to Federal Income 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 the refund amount is under \$200, no election form or tax notice will be sent.

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**

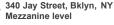
I also hereby make application for a refund of my share of the Additional Member Contributions, and accrued interest to my credit in the Retirement Reserve Fund account of NYCERS. I understand that withdrawal of such Additional Member Contributions is governed by the statute that created the special 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.

Sign this form and have it notarized, PAGE 2.





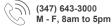
R02/21













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Choose	a Pav	ment	Me	tho	d

Mail a check to my mailing a	ddress, OR		
Direct Deposit to the following	ng bank account (see b	bottom of page 2 for additional instructions):	
Bank Name:			
Account Type:	Checking	Savings	
Routing Number:		Account Number:	

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

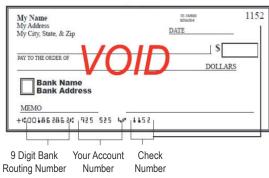
- Preprinted check (write "VOID")
- Preprinted deposit slip (write "VOID")
- The top portion of your bank statement

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

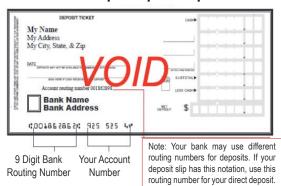
- Your name (must match NYCERS records exactly)
- The checking or savings account number of the account you are using for Direct Deposit

## How to find your routing and account numbers:

# Sample Check



#### Sample Deposit Slip



Member Signature			Date			
This form must be acknowledged before a Notary Public or Commissioner of Deeds.						
State of County of appeared before me the above name known to me to be the individual acknowledged to me that he or she signature of Notary Public or Composition of Compositio	If you have an official seal, AFFIX IT					

Sign this form and have it notarized, THIS PAGE.

Page 2 of 2



R02/21









