



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



**Revocation Of Election To Pay Extra Salary Deductions
To Provide For Additional Annuity At Retirement**

Member Number	Last 4 Digits of SSN
Agency	Title

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.

This Election Will Remain in Full Force and Effect Unless Revoked One Year or More After Date of Filing.

I hereby elect to **REVOKE** my election to increase my rate of pension deductions to a rate fifty percent greater than my *normal* rate of contribution to the New York City Employees' Retirement System for the purpose of providing an additional annuity at retirement. I understand that the additional contributions made due to my prior election **may not** be withdrawn prior to my discontinuance of City service other than for actual retirement purposes.

Please Print

First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code
Work Phone Number	Home Phone Number	

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 _____

Sign this form and have it notarized