



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



**Application to Cancel Rate of Deduction  
Tier 1 and Tier 2 Members Only**

This application is for Tier 1 and Tier 2 members who wish to cancel their basic employee contribution rate. In order to discontinue making further contributions you must be eligible by meeting the requirements listed. Please be sure to read the conditions below and complete the requested information. **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.** Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Member Number	Last 4 Digits of SSN	Home Phone Number (   )	Work Phone Number (   )
First Name		M.I.	Last Name
Address			
			Apt. Number
City		State	Zip Code
Department		Title	

**ANY ELECTION THAT IS MADE MUST REMAIN IN EFFECT FOR ONE YEAR FROM THE TIME OF FILING.**

I understand that in order to be eligible to cancel my rate of deduction, I must have credit for 25 or more years of Career Pension Plan qualifying service.

I, the undersigned, hereby elect to discontinue making further contributions to the New York City Employees' Retirement System (NYCERS) for annuity purposes, and request that no further deductions be made from my compensation for such purposes.

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.

Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_  
 Official Title \_\_\_\_\_  
 Expiration Date of Commission \_\_\_\_\_

If you have an official seal, affix it

**Sign this form and have it notarized**