



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



Banking Operations Affidavit

To help prevent fraud and ensure your identity is secured, we ask that you complete and return this form to the mailing address below for periodic pension verification purposes. **Your response is mandatory. 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. If you have any questions regarding this form, please contact our Call Center at (347) 643-3000 or visit our Customer Service Center at 340 Jay Street, Brooklyn, NY 11201.**

Pension Number	Last 4 Digits of SSN	Phone Number
		()
First Name	M.I.	Last Name
Address		Apt. Number
City	State	Zip Code

I, _____, being duly sworn depose and claim the following:

I reside at the above address, and I am eligible to continue receiving monthly payments from the New York City Employees' Retirement System.

Signature of Pensioner	Date

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 a 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.

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 _____