NYCERS USE ONLY **F852**

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

Request for Information

Member Number OR Pension 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

Subject of Inquiry (for ex., loan, beneficiary)	Title

I would like NYCERS to supply me with the following information:

Signature	**Date**