

Request for Withdrawal from Sec. 384-d and 384-e

PF 5466

(Rev. 10/22)

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby withdraw my election to contribute under the provisions of Section 384-d and 384-e of the Retirement and Social Security Law, which permit retirement after 20 years of allowable police or fire service, and an additional pension of one-sixtieth of final average salary for each year of service beyond 20. I understand that by withdrawing, I will be covered by my employer's regular Police and Fire plan.

Registration No. _____

Social Security No.* _____

Employer

Signature

Date

Name

Address

Apt. Number

City

State

Zip Code

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____ County of _____

On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC (Please sign and affix stamp)

Please mail this form to: NEW YORK STATE AND LOCAL RETIREMENT SYSTEMS
110 STATE STREET
ALBANY NY 12244

This withdrawal will not become effective until received by the Retirement System.

*NOTE: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11 and 34 of the Retirement and Social Security Law. Your number will be used in identifying your retirement records and in the administration of the Retirement System.

*NOTE: In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement System, Albany, NY 12244-0145; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.