

## DO NOT SUBMIT THIS FORM IF YOU ARE AN ACTIVE MEMBER

## Award Letter Request Form Retirees/Alternate Payee of a Retiree

This form is for New York City Police Pension Fund retirees, surviving spouses or other payees/beneficiaries to obtain proof of prior employent and/or to verify pension income for a bank or other financial institution. This form **MUST** be notarized and may be submitted by mail to 233 Broadway, 25th Floor New York, New York 10279 Attention: Pension Payroll or by fax to (212) 693-6057.

Please complete applicable sections based on applicant status.
Required Information: Contact No.: ()
Check only one: Retiree
Beneficiary/Alternate Payee of a Retiree
Retiree/Alternate Payee Information:
First Name: Last Name:
SSN: XXX-XX Tax No.: <b>OR</b> Pension No.:
Specifications:  All pension certification letters contain: 1) appointment and retirement dates; 2) retirement type; 3) "pension payable for life" statement; 4) last four digits of your SSN; 5) pension amount.  Please indicate if any of this information is to be OMITTED.
If the member retired for Service, applicable Variable Supplements information will be included.
Delivery Instructions (all users):
Award letters can be delivered by mail or fax. Please CHOOSE ONE and provide recipient information accordingly.
I elect to have my award letter provided by MAIL  Please mail to:
First Name Last Name:
Address:            City            Zip Code:
☐ I elect to have my award letter provided by FAX
Please fax to:
Name: Fax No.: ()
Bank Name:
Contact No.: ()
Signature:
Signature: Date:
Acknowledgment:  Affix notary seal or staff name and signature
State of, County of On thisday of, 20 before me personally appeared to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.  Signature of Notary Public: