



# New York City Police Pension Fund

www.nyc.gov/nycppf

233 Broadway  
New York, NY 10279-2501

Phone: 212-693-2278

Fax: 212-693-2715 (this form only)

## Pension Certification Request

## Retirees

This form is for NYC Police Pension Fund (NYCPPF) retirees or surviving spouse pensioners to obtain proof of prior employment and/or to verify pension income for a bank or other financial institution. Submit form by FAX to the number above or mail to: NYC Police Pension Fund, 233 Broadway, 25th floor, New York, NY 10279-2501. ►► **Read #1 below for required sections.** ◀◀

### 1) Required information (all users):

Contact phone: (    )   

Check  I am a retiree. [Complete sections 1, 2, 3, 4, 5, 6]

ONE ►  I am the surviving spouse of a retiree. [Complete sections 1, 4, 5, 6]

### 2) Retiree information (retirees only):

Retiree first name: \_\_\_\_\_ Member SSN, last 4 digits: \_\_\_\_\_

Retiree last name: \_\_\_\_\_

Provide ONE: Member Tax ID #: \_\_\_\_\_ OR Member Pension #: \_\_\_\_\_

### 3) Specify letter contents (retirees only):

- 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. If the member took Service Retirement, the Variable Supplement amount will also be included.

- If you DO NOT want your pension amount mentioned in your certification letter, check this box. ►►

**! Letters are processed within two business days from day of receipt !**

### 4) Delivery instructions (all users):

► Check box 4A and/or 4B; provide all info. if box is checked.

4A:  Mail certification letter to the following address:

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Apt./floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

4B:  FAX letter to: Recipient name \_\_\_\_\_

FAX # (    ) \_\_\_\_\_ Recipient phone # (    ) \_\_\_\_\_

Bank name \_\_\_\_\_

### 5) Required signature (all users):

Date:      /      /     

Full signature: \_\_\_\_\_

### 6) Notarization (all users):

► This form must be notarized.

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_ day 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: \_\_\_\_\_

[Please affix stamp or seal]