

## Application for Transfer of Membership in Accordance with Chapter 390 (Laws of 2009) PF 5467

(12/09)

To be eligible for the provisions of Chapter 390 (Laws of 2009 effective 8/26/09), you must have previously transferred a NYS Employees' Retirement System (NYSERS) membership to the NYS Police and Fire Retirement System (NYSPFRS) and must be currently enrolled pursuant to Section 384-d (including 384-e) or 381-b of the Retirement & Social Security Law. This transfer will restore your original date of membership in the NYS Employees' Retirement System (NYSERS) with vesting requirements in effect at the time of your previous membership.

THIS FORM IS TO BE USED ONLY TO TRANSFER A PREVIOUSLY TRANSFERRED NYSERS MEMBERSHIP FROM THE NYSPERS MEMBERSHIP BACK INTO THE NYSERS. If you have any questions concerning your transfer, you should contact Benefit Information Services at 1-866-805-0990 before completing this application.

Fill in ( <b>print</b> ) all requested inform	nation and sign the completed for	m. Please return to	the address listed above		
NYS Police & Fire Retirement Sy	ystem Registration # (if known) _				
Former NYS Employees' Retiren	nent System Registration # (if kno	own)			
*Social Security No:					
Name			Date of Birth		
Address			Home Phone		
City State Zip			Work Phone		
Former Employer			Date Terminated		
Current Employer			Date Appointed		
standing to my credit in the New Y I understand that if I was in a NYSPFRS, I will be required to	HE STATE OF NEW YORK: sferred New York State Employee ork State Police and Fire Retireme contributory plan in the NYSER! replace all member contributior nent, my future benefits will be p	nt System be trans S and have withd ns plus interest. I	ferred back into the New Yor rawn those funds after m further understand that i	ork State Employee ny membership w f these required o	s' Retirement System as transferred to the contributions are no

## Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany area.

## \* Social Security Disclosure Requirement

In accordance with the federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311, and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.