

Request for Withdrawal from Sec. 384

PF 5094

(Rev. 10/22)

Date	Registration No		
	Social Security	No.*	
TO THE COMPTROLLER OF THE STATE OF NEW YORK:			
I hereby withdraw my election to contribute under the provisions of Section 384 of the Retirement and Social Security Law, permitting retirement after 25 years of allowable police or fire service.			
Employer	Signature		
	Name		
	Address		
	City	State	Zip Code
Acknowledgement To Be Completed by a Notary Public. State of			
personally known to me or proved to me or			
(are) subscribed to the within instrument and acknowledged to me that he/s	he/they executed the sa	ame in his/her/their cap	acity(ies), and that by his/her
their signature(s) on the instrument, the individual(s), or the person upon b	ehalf of which the indiv	iduals(s) acted, execut	ed the instrument.