



New York State and Local Retirement Systems  
110 State Street  
Albany NY 12244-0001

# Request for Withdrawal from Sec. 384

## PF 5094

(Rev. 10/02)

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 \_\_\_\_\_ County of \_\_\_\_\_ ss:

on this \_\_\_\_ 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 individuals(s) acted, executed the instrument.

\_\_\_\_\_  
NOTARY PUBLIC (Please sign and affix stamp)

**\*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; telephone number (518) 474-3524.