



Office of the New York State Comptroller  
 New York State and Local Retirement System  
 Employees' Retirement System  
 Police and Fire Retirement System  
 110 State Street, Albany, New York 12244-0001

# 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 NYSPFRS 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.

## INSTRUCTIONS

Fill in (**print**) all requested information and sign the completed form. Please return to the address listed above.

NYS Police & Fire Retirement System Registration # (if known) \_\_\_\_\_

Former NYS Employees' Retirement System Registration # (if known) \_\_\_\_\_

\*Social Security No: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Former Employer \_\_\_\_\_ Date Terminated \_\_\_\_\_

Current Employer \_\_\_\_\_ Date Appointed \_\_\_\_\_

List below all periods of public employment. (Attach a separate sheet if applicable)

Name of Employer	Name of Dep't or Agency	Title of Position	From	To	Full or Part Time

## TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I request that my previously transferred New York State Employees' Retirement System membership, reserves, and accumulated contributions, if any, standing to my credit in the New York State Police and Fire Retirement System be transferred back into the New York State Employees' Retirement System. I understand that if I was in a contributory plan in the NYSERS and have withdrawn those funds after my membership was transferred to the NYSPFRS, I will be required to replace all member contributions plus interest. I further understand that if these required contributions are not paid in full at the time of retirement, my future benefits will be permanently reduced by the actuarial equivalent of the amount owed inclusive of interest.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### 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.