



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

Cancellation of Election to Purchase Additional Annuity 21(I) or 321(I)

RS 5378

(Rev. 12/06)

TO BE COMPLETED BY MEMBER:

NOTE: You should complete this form and file both copies with your Agency Payroll Officer. The Payroll Officer will forward one copy to the Retirement System.

Social Security No.* _____ Registration No. (if known) _____

Name _____

Address _____

City _____ State _____ Zip Code _____

TO THE COMPTROLLER OF THE STATE OF NEW YORK:

I hereby cancel my election to purchase additional annuity under Section 21(I) or 321(I). I understand that the cancellation of my election to make such voluntary contributions means I may not elect to make further voluntary contributions for a period of twelve months.

Signed _____ Date _____

* 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.

TO BE COMPLETED BY EMPLOYER:

Employer's Location (Agency) Code _____

Employer's Name _____

Voluntary payroll deductions (normal contributions only) for this member will be stopped on the payroll

period ending _____ .

Signature _____ Date _____

Title _____ Phone No. _____

NOTE: Payroll Officer should discontinue voluntary deductions on the date indicated above. Do not discontinue any Loan or Arrear deductions unless advised to do so by the Retirement System.