



# FDNY Pension Fund

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Office use only

## ENHANCED PLAN MEMBERS TRANSFER APPLICATION

Time and date

### OPENING PERIOD SEPTEMBER 8, 2016 TO JANUARY 5, 2017

In accordance with amended by Chapter 298 of the laws of 2016, which established the ENHANCE PLAN MEMBERS, I submit this application for membership on the basis indicated therein.

I hereby elect the additional contributions rate at 2% of annual wages and, in the future, ranging from 2% to 3% of annual wages depending on specified future cost calculations.

### Member information:

SSN (last four digits):

Tax ID:

First name:

MI:

Last name:

Contact phone:

### Signature:

Member signature: \_\_\_\_\_ Date:      /      /       
mm / dd / yyyy

### Notarization

**Notarization is required if this form is mailed to the NYCFD.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ before me personally appeared \_\_\_\_\_, to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Signature of Notary Public: \_\_\_\_\_ [Please affix stamp or seal]

### Office use only

Received by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_