



**Mail completed form to:**  
 30-30 47th Avenue, 10th Fl  
 Long Island City, NY 11101



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**Revision Form**

No advance (partial) pension payment will be sent to you until NYCERS has a copy of your birth certificate on file.

Member Number	Pension Number	Last 4 Digits of SSN

First Name	M.I.	Last Name

Date of Checks	1.	2.	3.	4.	5.	Gross amount of Check(s)
	[MM/DD/YYYY]	/	/			
		/	/			
		/	/			
		/	/			
		/	/			

Signature of Member	Date