



Please type or print clearly  
in blue or black ink

Received Date

# Cancellation of Election to Make Voluntary Contributions

**RS 5378**  
(Rev. 09/18)

**NYSLRS ID**

□ □ □ □ □ □ □ □ □ □

**Social Security Number** [last 4 digits]

XXX-XX- □ □ □ □

**Retirement System** [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

**TO BE COMPLETED BY MEMBER:**

**INSTRUCTIONS:** This form along with a copy should be filed with your Agency Payroll Officer. The Payroll Officer will forward one copy to NYSLRS.

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

I hereby cancel my election to purchase additional annuity under Section 21(L) or 321(L) of the Retirement and Social Security Law. 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 12 months.

Name (Please Print): \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

**TO BE COMPLETED BY THE EMPLOYER:**

Employer's Location (Agency) Code: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Voluntary payroll deductions (normal contributions only) for this member will be stopped on the payroll period ending: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**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 NYSLRS.

**\*Social Security Disclosure Requirement**

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, 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.

**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.

