



New York State and Local Retirement System  
110 State Street, Albany, New York 12244-0001

Please type or print clearly  
in blue or black ink

Received Date

# Application for Internal Transfer of Membership

**RS 5535**

(Rev. 06/19)

**NYSLRS ID**

□ □ □ □ □ □ □ □ □ □

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

XXX-XX-□ □ □ □

**Retirement System [check one]**

Employees' Retirement System (ERS)   
Police and Fire' Retirement System (PFRS)

**THIS FORM IS TO BE USED ONLY TO TRANSFER BETWEEN THE TWO RETIREMENT SYSTEMS OF THE NEW YORK STATE & LOCAL RETIREMENT SYSTEM (NYSLRS); EMPLOYEES' RETIREMENT SYSTEM (ERS) AND THE POLICE AND FIRE RETIREMENT SYSTEM (PFRS).**

**This transfer application is irrevocable. Once this transfer application is filed or received by the Retirement System your transfer is effective.** Under certain circumstances it may not be beneficial to transfer your membership. If you have questions concerning your transfer or if you are covered by a special plan, you should contact Benefit Information Services at 1-866-805-0990 before completing this application.

**Instructions:**  
Please sign the completed form and return to NYSLRS at the address show above (not your employer). Your transfer will be effective on the date we receive the completed application assuming you meet all legal requirements, regardless of any administrative delay by NYSLRS in completing the processing of your application.

Name: (First, Middle Initial, Last)	Date of Birth:
Address: (Including Street, City, State and Zip Code)	Home Telephone Number (Including area code):
	Work Telephone Number (Including area code):
Former Employer:	Date Terminated/Leave of Absence:
Current Employer:	Date Appointed:

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

I certify I have a membership with both systems in NYSLRS and request to transfer my membership, reserves and accumulated contributions, if any, standing to my credit as specified below. (Please check ONE box below to indicate the system you would like to transfer from and to.)

- Transfer ERS membership to PFRS membership
- Transfer PFRS membership to ERS membership

Federal law requires us to withhold federal tax at a rate of 10% of the taxable amount for any refund of contributions over \$200.00. If you are eligible for a refund of contributions and do not want the required federal tax withheld, you must instruct us not to take the 10% withholding. (Only check the box below if you do not want federal tax withheld from any refund you may be eligible for.)

I do not want federal tax withheld from my payment if I am eligible for a refund.

**Domestic Relations Order (DRO)**

Will a current or pending Domestic Relations Order (DRO) or other legal document restrict any of your NYSLRS payment?

- Yes  No

**IMPORTANT – You must complete other side**



**For United States Tax Withholding and Reporting Purposes:** (please check one),

I am currently a:  US Citizen  Resident Alien  Non-resident Alien

**If you are a U.S. Citizen or Resident Alien:**

**This form will be used as a substitute IRS Form W-9. Under penalty or perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from back withholdings; or (b) I have not been notified by the Internal Revenue Service (IRS) I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me I am no longer subject to backup withholding (**You must cross out item 2 if you have been notified by the IRS you are currently subject to backup withholding because you failed to report all interest or dividends on your tax return**).
3. I am a U.S. Citizen/Resident Alien (defined in the instructions); and
4. FATCA code(s) are not applicable due to NYSLRS exemption from FATCA reporting.

**IRS Forms W-9 instructions are available on the website, [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf).**

**If you are a Non-resident Alien:**

You must complete and submit IRS Form W-8BEN along with your application. IRS Form W-8BEN and instructions are available at the IRS website, [www.irs.gov/pub/irs-pdf/fw8ben.pdf](http://www.irs.gov/pub/irs-pdf/fw8ben.pdf) and [www.irs.gov/pub/irs-pdf/iw8ben.pdf](http://www.irs.gov/pub/irs-pdf/iw8ben.pdf). Applications received without Form W-8BEN will BE SUBJECT TO 30% WITHHOLDING.

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

**I understand this application to transfer is irrevocable.**

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

---

**\*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.

RS 5535 (Rev. 06/19)

(Page 2 of 2)