



Please type or print clearly
in blue or black ink

Received Date

Withdrawal of Application for Service Retirement

RS 6354
(Rev. 9/18)

NYSLRS ID

□ □ □ □ □ □ □ □ □ □

Social Security Number [last 4 digits]

XXX-XX- □ □ □ □

Retirement System [check one]

Employees' Retirement System (ERS)

Police and Fire' Retirement System (PFRS)

NOTE: If you withdraw your application for service retirement and later decide to retire, it will be necessary to file a new application. The new application must be on file in the Retirement System at least 15 days, but not more than 90 days, before it can become effective.

Information About You	
1. Name: (First, Middle Initial, Last)	2. Effective Retirement Date: (Month, Date, Year)
Address: (Including Street, City, State and Zip Code)	

I request that my application for service retirement be withdrawn.

I understand that this request must be received in the Retirement System prior to my effective date of retirement and that no request to withdraw my service retirement application can be honored after that 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.

Signature: _____

Date: _____

