



New York City Police Pension Fund

233 Broadway, 25th fl.
New York, NY 10279
212-693-5950
www.nyc.gov/nycppf

Office use only

Time and date

Loan Repayment Amount Change

Tier 2 only

- Section 1: Print all information.
- Section 2: Enter loan number. Select one change option. Minimum change is \$10.00/paycheck.
- Section 3: Read this section. Then sign and date your signature.
- Return the completed form in person or by mail. **If returned by mail, it must be notarized in Section 4.** Mail to: NYC Police Pension Fund, Loan Services, 233 Broadway, New York, NY 10279-2501.

1) Member information (please print):

Date: ____/____/____
mm dd yyyy

First name: _____ MI: ____ Last name: _____

Command: _____ Cell / daytime phone: _____

SSN (last 4 digits): |_|_|_|_| Rank: _____ Tax ID #: |_|_|_|_|_|_|_|_|

2) Change options:

Loan #: _____

To change the biweekly payroll deduction for repaying the above loan, **check one box below.** Specify the dollar amount **or** number of payments if either "b" or "c" is checked. The minimum change per paycheck is \$10.00.

a. Minimum payment without incurring tax liability

c. Number of payments: _____

b. \$ _____ total biweekly payment

d. Minimum biweekly payment

3) Certification:

I understand that the above loan must be repaid within five (5) years to remain non-taxable. If the requested payment change in Section 2 results in this loan being repaid in more than five (5) years, the loan may become taxable. If so, I will receive IRS Form 1099-R at the end of the year for the loan's taxable amount.

Signature: _____ Date: ____/____/____

4) Notarization:

[Notarization is required if this form is mailed to the NYCPPF]

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: _____

Commission expiration: ____/____/____

[Please affix stamp or seal]

Office Use Only

ID verified by: _____ Date: ____/____/____

Officer notified by phone of tax liability: _____ Date: ____/____/____