

Retirees Association of District Council 37

Authorization for Voluntary Pension Deduction - AFSCME P.E.O.P.L.E. Committee

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss		
Name:		
Name: Last (please print legibly) First MI	 "I hereby authorize the retirement syste each pay period the amount certified in 	
Address: Apt.:	tribution to be paid to the treasurer of American Federation of State, County & Municipal Employees PEOPLE, AFSCME, AFL-CIO, P.O. Box 65334, Wash	
City: State: Zip:		
Telephone No.:	that it is not required as a condition of	f membership in any organization, o
Social Security # — Last Four Digits:	that any contribution guideline is only a suggestion and I am free to contribute more or less than that amount and will not be favored or disadvantaged due to the amount of my contribution or refusal to contribute, and that I may revoke	
Pension#		
Indicate Retirement System to which you belong:		
☐ New York City Employees Retirement System (NYCERS)	Signature	Date
☐ New York City Board of Education Employees Retirement System (BERS)	- 5	
☐ Teachers Retirement System (TRS)	Total monthly deduction	For Office Use Only Jacket Received
■ New York State Employees Retirement System	☐ MVP — \$8.35/month	
☐ Cultural Institution Retirement System (CIRS)		
☐ Metropolitan Museum Pension Plan	other \$ month	
In accordance with the federal law, AFSCME PEOPLE will accept contribution only from members of AFSCME and their families. Contributions from other pe sons will be returned. Contributions or gifts to AFSCME PEOPLE are not deduced.	r- S M L XL 2XL 3XL 4XL	

ible as charitable contributions for federal income tax purposes.