

New York City Police Pension Fund "Serving the Finest"

Office Use Only

Consent to New York Jurisdiction

Member Demographics:	
First Name:	Last Name:
Tax No.:	Contact Number:
Instructions:	
 Pursuant to New York Civil Pract NOT make payments on a Quali unless this form is executed, or t Clerk) in New York State. 	nd answer each section completely. This form must be notarized. tice Law and Rules § 5404, the New York City Police Pension Fund will ified Domestic Relations Order ("QDRO") that is issued in another state the QDRO is domesticated (meaning registered and filed with any County Payee (former spouse) do not have to execute the same form.
Affidavit:	
do hereby consent that the Quality, and be treated by the NYC Police Per of the New York Court of Appeals pursuant to New York Equitable If I/we further authorize the New York Tetirement allowance pursuant to City Police Pension Fund from an upon the order. Signature:	ork City Police Pension Fund to make payments from the member's the provisions of the QDRO; and I/we hereby release the New York my liability whatsoever as a consequence of any payments based Signature:
Member	Alternate Payee
Sworn to before me this day of	, 20 Sworn to before me this day of, 20
Signature of Notary Public: Affix notary seal or staff name ar	Signature of Notary Public: nd signature: Affix notary seal or staff name and signature:
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