



Pension Deduction Authorization Form



**VOTE-COPE is the New York State United Teachers political action fund.
VOTE-COPE solicits and accepts only voluntary contributions.
Contributions or gifts to VOTE-COPE are not tax deductible.**

The undersigned authorizes the New York State Teachers' Retirement System (NYSTRS) or the New York State Employees' Retirement System (NYSERS) to deduct from each of my regular defined-benefit pension payments the sum of \$ _____ (per month) and to forward that amount to VOTE-COPE, PO Box 5190, Albany, NY 12205-0190. I understand that this monthly amount will continue to be deducted until revoked by me in writing.

This authorization is made voluntarily and without fear of reprisal and with the understanding that the making of contributions to VOTE-COPE is not a condition of membership in any labor organization, will not impact the provision of my defined-benefit pension and that VOTE-COPE will use the money it receives to make political contributions and expenditures in connection with federal, state and local elections. This authorization shall remain in full force and effect for all purposes until revoked by me in writing.

I expressly acknowledge and understand that the deduction, as specified above, be withheld monthly and that NYSUT will transmit this authorization to the appropriate retirement system. I hereby certify to NYSTRS and NYSERS that I am a member of NYSUT, an employee organization entitled to receive union deduction payments as provided by law.

Name _____ Pension # _____

Phone # _____ Date _____

Signature _____

Local from which you retired _____

If you prefer to authorize your pension deduction online, click on the link below, sign in to your NYSUT account, and complete the online form.

<https://www.nysut.org/members/retirees/vc-pension-deduction-form>

If you wish to make a one-time contribution, complete the form below and mail it to the address on the form.



Contribution Form



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Name: _____ Member ID # _____

Address: _____

Date: _____ Local # _____

Contribution \$ _____ Check # _____ (Make check payable to VOTE-COPE)

Please provide your email address: _____

Return this form to: VOTE-COPE, PO Box 5190, Albany, NY 12205-0190