

Patrolmen's Benevolent Association
 Of the City of New York, Inc.
 125 Broad Street, 11th Floor
 New York, NY 10004



Patrick J. Lynch, President

LEGAL SERVICES CLAIM FORM REAL ESTATE

(SEE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING FORM)

TO BE COMPLETED BY MEMBER

MEMBER'S NAME - LAST	FIRST	SOCIAL SECURITY NUMBER	
MEMBER'S ADDRESS (NUMBER, STREET)	CITY	STATE	ZIP CODE

TO BE COMPLETED BY ATTORNEY

NAME OF ATTORNEY (OR LAW FIRM)		TAX ID#	
		TELEPHONE #	
ADDRESS (NUMBER, STREET)	CITY	STATE	ZIP CODE
LOCATION OF PROPERTY			
DATE OF CONTRACT		DATE OF CLOSING	
TYPE OF TRANSACTION SALE _____ PURCHASE _____		ATTORNEY'S FEE FOR TRANSACTION	
A COPY OF THE CLOSING STATEMENT MUST BE ATTACHED TO THIS FORM AND SIGNED BY THE ATTORNEY OR LEGAL REPRESENTATIVE.			

<p>I hereby certify that this service was rendered and completed on the dates listed above. I agree to be responsible for any portion of the charges not covered by the Plan.</p> <p style="text-align: center;">_____</p> <p>Signature of Member of the Health & Welfare Fund of the Patrolmen's Benevolent Association of the City of New York and the Retiree Health & Welfare Fund of the City of New York.</p>	<p>I hereby certify that this service was rendered and completed on the dates listed above. I request payment in accordance with the Plan's rules and regulations.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Attorney</p>
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INSTRUCTIONS

THIS FORM IS TO BE USED WHEN APPLYING FOR REIMBURSEMENT UNDER THE PBA LEGAL SERVICES PROGRAM. THE BENEFIT IS LIMITED TO ONE PURCHASE AND ONE SALE, OF A PRIMARY RESIDENCE, WITHIN A 12-MONTH PERIOD.

THE PROPERTY MUST BE LOCATED IN THE BRONX, NEW YORK, RICHMOND, QUEENS, BROOKLYN OR ONE OF THE FOLLOWING NEW YORK COUNTIES, NASSAU, SUFFOLK, WESTCHESTER, PUTNAM, ROCKLAND, OR ORANGE. **BENEFITS ARE LIMITED TO MEMBERS OF THE HEALTH AND WELFARE FUND OF THE PATROLMEN'S BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK AND THE RETIREE HEALTH AND WELFARE FUND OF THE PATROLMEN'S BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK.**

REIMBURSEMENT CONSISTS OF AN ALLOWANCE OF UP TO \$600.00 **PAID TO THE ATTORNEY** REPRESENTING OUR MEMBER IN AN AUTHORIZED REAL ESTATE CLOSING. PAYMENT IS BASED ON ELIGIBILITY AT THE TIME SERVICE IS RENDERED.

TO APPLY FOR BENEFITS THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH THE MEMBER AND HIS OR HER ATTORNEY. AS EVIDENCE THE SERVICE HAS BEEN RENDERED, A VALID COPY OF THE CLOSING STATEMENT, SIGNED BY THE ATTORNEY, MUST ACCOMPANY THE FORM.

COMPLETED CLAIM FORM AND REQUIRED DOCUMENTATION SHOULD BE FORWARDED TO:

PBA FUNDS OFFICE
125 Broad Street, 11th Floor
New York, NY 10004
ATT: LEGAL SERVICES - REAL ESTATE