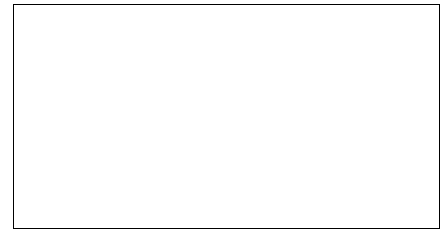




Mail completed form to:
30-30 47th Avenue, 10th Fl
Long Island City, NY 11101



Application for Membership
For NYCERS-Eligible Employees

This application is for City employees who wish to apply for NYCERS membership. You are to also nominate a beneficiary for a death benefit payable if you die while in City Service. Please read the Instructions Page before completing this form. You must submit this ENTIRE form, even if you intentionally leave some of the sections blank. NOTE: If the address you provide on this form is different from your address in our system, the new address will become your official address in our records. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Social Security Number Date of Birth [MM/DD/YYYY] Daytime Phone Number Email Address

First Name M.I. Last Name Sex (M or F)

In Care of (if applicable)

Address Apt. Number

City State Zip Code

Agency Pass Number (Transit Only)

Your job title as it appears on payroll Date of Appointment [MM/DD/YYYY] Civil Service Appointment Date

Classification (Check one) Competitive Exempt Labor Non-Competitive Provisional

Beneficiary Selection: A designated beneficiary is the person who is on file at NYCERS to receive a survivor benefit upon the death of a member in active service.

I understand that should I nominate more than one beneficiary, my death benefit will be paid in accordance with the percentages I have indicated on this form (combined percentages should total 100%). If no percentage is indicated, the death benefit will be shared equally. I understand that should I survive the beneficiary(ies), the benefit will then be payable to my estate.

The beneficiary(ies) whom I wish to nominate to receive my death benefit is:

Primary Beneficiary First Name M.I. Last Name

Primary Beneficiary Full Social Security Number Date of Birth [MM/DD/YYYY] Relationship

Primary Beneficiary Address Apt. Number

Primary Beneficiary City State Zip Code

If this beneficiary is a minor, check here and complete the guardian information on Form 137 Percentage %

Sign this form and have it notarized, Page 3



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Member's Last Name	Social Security Number

Designation of Beneficiary(ies) continues below

Primary Beneficiary

First Name	M.I.	Last Name
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	
Address		Apt. Number
City	State	Zip Code

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Primary Beneficiary

First Name	M.I.	Last Name
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	
Address		Apt. Number
City	State	Zip Code

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

Primary Beneficiary

First Name	M.I.	Last Name
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
	/ /	
Address		Apt. Number
City	State	Zip Code

If this beneficiary is a minor, check here and complete the guardian information on **Form 137** Percentage %

I am nominating my Estate as my beneficiary for my regular death benefit. I understand that in order for this selection to be valid I may not write in any other beneficiary's name on this form, and I have, in fact, left all other designation of beneficiary sections on this form blank.

Should your death be the result of an on-the-job accident, an accidental death benefit is payable according to a priority order specified in law.

Sign this form and have it notarized, Page 3



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Member's Last Name	Social Security Number

If this form was reviewed by your agency have the representative sign here:

Family Information

Mother's Maiden Name

Marital Status (Check one) Single Married Divorced Widowed Domestic Partnership

Record of Previous Service

If you are or were a member of this or any other retirement system in the City or State of New York, fill in the name of that system, period of membership and membership number, if known.

Name of System	Membership Number

From [MM/DD/YYYY]	To [MM/DD/YYYY]
/ /	/ /

Purchase of Previous Service

You may be eligible to purchase retirement credit for previous service rendered anywhere in New York State. Contact NYCERS for further information and forms.

Military Service

If you are an honorably discharged veteran of the armed forces of the United States of America, fill in your dates of service. (You may be eligible to purchase this service)

From [MM/DD/YYYY]	To [MM/DD/YYYY]
/ /	/ /

Once a membership application has been PROCESSED for payroll deductions, membership may not be withdrawn as long as you remain in City service.

I hereby elect to participate in NYCERS membership and contribute for the right to retire.

Signature of Member	Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____

Official Title _____

Expiration Date of Commission _____

If you have an official seal, affix it

Sign this form and have it notarized, THIS PAGE



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INSTRUCTIONS FOR COMPLETING THIS FORM

1. In addition to this application, you must submit a copy of your birth certificate.
2. At the top of each page of this form, print your name.
3. State the full name of your beneficiary(ies) (first name, middle initial, if any, and last name), relationship to you, Social Security #, date of birth and complete address, (number, street, apartment number, if any, city, state and zip code). Do not use the words "same as above" or use ditto marks, inasmuch as it renders the form invalid.
4. You MAY name a trustee under any designated beneficiary.
5. You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instruction Page if you received or downloaded it as a stand alone page.
6. Be sure to sign this form, in the space provided for Signature, in the presence of a Notary Public or Commissioner of Deeds.
7. Page 3 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
8. Complete this form in ink or type. Except for signature, please print all items.
9. **Do Not** make erasures, use white-out or cross-out any typed or printed information on this form, inasmuch as it renders it invalid.
10. If you need assistance completing this form, please contact NYCERS at 347-643-3000.