



F103

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. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

		h [MM/DD/Y	(ne Phone N		ail Address		
. 31			`	/ 				C (M F)
st Name			M.I.	Last Naı	me			Sex (M or F)
Care of (if applicable)								
dress							Apt	. Number
у							State	Zip Code
ency							Pass Numb	per (Transit Only)
ur job title as it appears of	on payroll			Date of	Appointment	[MM/DD/YYYY]	Civil Servi	ce Appointment Dat
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Sign this form and have it notarized, Page 3



		NY	CERS USE ONL	F103
/ 1				
' .INVEFR	2			
NYC Employees' Retirement Sy	stem			
ember's Last Name	Social Security Number			
signation of Beneficiary(ies) continu	ies below			
First Name	M.I. Last Na	me		
,				
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relatio	onship	
	1 1			
Address			Apt.	Number
•				
City			State	Zip Code
If this beneficiary is a minor, che	ck here and complete the		Percentage	%
guardian information on Form 1 ; First Name	M.I. Last Na	me		
		-		
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relatio	onship	
	1		-	
Address	, ,		Apt.	Number
City			State	Zip Code
☐ If this beneficiary is a minor, che	ck here and complete the		Danaantaaa	9/0
guardian information on Form 1.	37		Percentage	/0
First Name	M.I. Last Na	me		
	D. ADI d			
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relatio	onship	
A 11	1 1		.	NT 1
Address			Apt.	Number
City			State	7in Code
City			State	Zip Code
If this beneficiary is a minor, che guardian information on Form 1 ;			Percentage	%

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

I am nominating my Estate as my beneficiary for my regular death benefit. I understand that in order for this selection to

in law.



NYCERS USE ONLY	F103
of Novy Vorle fill in the r	and of that avatom
of New York, fill in the r	iame of that system,
Membershi	p Number
re in New York State. Con	ntact NYCERS for
Y] To [MM/DI	DAYAYI
Y] TO [MM/DI	/
/	
payroll deductions,	
in City service.	
re.	
Date	
Commissioner of Deeds	
2 0, pe	ersonally appeared
, to me known,	and known to
e or she acknowledged to i	

NYC Employees' Reti	rement System						
Member's Last Name		Social Secur	ity Number				
If this form was reviewed by you have the representative sign her							
Family Information Mother's Maiden Name							
Record of Previous Service If you are or were a member of period of membership and mem Name of System			m in the City	or State o	f New You	rk, fill in the name	
From [MM/DD/YYYY]	To [MM/DD/YYYY]					'	
1 1	/ /						
Purchase of Previous Service You may be eligible to purchase further information and forms. Military Service If you are an honorably discharg of the United States of America, (You may be eligible to purchas	ged veteran of the arn fill in your dates of	ned forces		anywhere		To [MM/DD/YYY	
	nembership applica pership may not be v						
I hereby elect to participate in N Signature of Member	YCERS membership	and contribu	ite for the rigi	ht to retire	e.	Date	
This fo	orm must be acknow	ledged befor	e a Notary P	ublic or (Commissi	oner of Deeds	
State ofCounty of		Or	n thisda	y of		2 0, persor	nally appeared
before me the above named, me to be the individual describe executed the same, and that the				t, and he		to me known, and nowledged to me t ave an official seal	
Signature of Notary Public or Commissioner of Deeds							
Official Title							
Expiration Date of Commission							

Sign this form and have it notarized, THIS PAGE



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.





NYCERS USE ONLY	F137

Designation of Guardian When Designating a Minor as Beneficiary

By Designating a guardian under the Uniform Transfer to Minor's Act for a minor beneficiary on this form, you eliminate the need for formal guardianship proceedings upon your death.

This form may be used in conjunction with any of NYCERS' Designation of Beneficiary Forms (such as form 131,133,134)

Member Number	Last 4 Digits of SSN	ſ		Date of Birth [MM/DD/YY	YYY]
				1		1
Member Information:						
First Name	M	[.I.	Last Name			
A 11					Aut NI	
Address					Apt. Nu	imber
City				Sta	te	Zip Code
Guardian Information: I, the undersigned member of NYCERS, he First Name		I.I.	Last Name			
Address					Apt. Nu	ımber
City				Sta	te	Zip Code
as Guardian, for the below named Minor Beneficiary form filed with NYCERS.	r, under the Uniform	1 Trans	fer to Minor's	Act on the Des	ignation (of
Minor's First Name	M	I.I.	Minor's Last Na	nme		

Sign this form and have it notarized, Page 2

If additional space is needed, continue on the next page



before me the above named,

NYC Employees' Re	ERS tirement System			NYCERS US	SE ONLY	F137
Member Number	Last 4 Digits of SSN					
Guardian Information:						
I further designate						
First Name		M.I.	Last Name			
Address					Apt. Number	
City				State	Zip Coo	<u>le</u>
as Guardian, for the below n Beneficiary form filed with N		form Tra	insfer to Minor's Act	on the Desig	nation of	
Minor's First Name		M.I.	Minor's Last Name			
Signature of Member				Da	te	
This f	orm must be acknowledged	before a	Notary Public or Cor	nmissioner o	f Deeds	
State of County of _		On th	isday of	2 0	personally	appeared

This form must be acknowledged before	a Notary Public or	Commissioner	of Deeds
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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 continued the foregoing instrument, and he continued the foregoing instrument.	or she acknowledged to me that he or she
executed the same, and that the statements contained therein are true.	If you have an official seal, affix it
Signature of Notary Public or	
Commissioner of Deeds	
Official Title	
Expiration Date of Commission	



NYCERS USE ONLY	F137

INSTRUCTIONS FOR COMPLETING THIS FORM

- > If you need assistance completing this form please contact NYCERS at 347-643-3000
- > Complete the Designation of Guardian form in ink or type. Except for signature, please print all items.
- > At the top of the form, print your Membership #, last 4 digits of Social Security #, Date of Birth, name and complete address.
- > You may designate a different guardian for each minor named as your beneficiary. Be sure to indicate the full names of the minor and the corresponding guardian.
- > The guardian(s) you designate will be required to set up a specific bank account (a Uniform Transfer to Minor's Act account, or UTMA account) in order to obtain the benefit, which will be paid only by Electronic Fund Transfer (EFT).
- > Be sure to sign the form, in the space provided for **Signature of Member**, in the presence of a Notary Public or Commissioner of Deeds.
- > Page 2 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- > **Do Not** make erasures, use white-out or cross-out any typed or printed information on this form, inasmuch as it renders the form invalid.
- > You may not name a Trustee or your estate as guardian.
- > 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.