

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Application for Membership Tier 3 and Tier 4 Members

This application is for Tier 3 and Tier 4 members 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.

First Name _____ Middle Initial _____

Last Name _____ Social Security # _____

Your date of birth / / (Copy of Birth Certificate must be attached) Sex (Fill in one circle) Male Female

In Care of (if applicable) _____

Address _____ Apt. Number _____ Zip _____

City _____ State _____ Code _____

Home Phone # (_____) _____ Email Address _____

Your date of appointment / / Your date of Civil Service Appointment / /

Your job title as it appears on payroll _____

Classification (Fill in one circle) Competitive Exempt Labor Non-Competitive Provisional

Agency _____ Pass # _____

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 _____ Middle Initial _____

Last Name _____ Social Security # _____

Relationship _____ Date of Birth / /

Address _____ Apt. Number _____ Zip _____

City _____ State _____ Code _____

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

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Member's Last Name _____ Social Security # _____

Designation of Beneficiary(ies) continues below

Primary Beneficiary

First Name _____ Middle Initial _____
 Last Name _____ Social Security # _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip _____
 Code _____
 Percentage %
 If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

Primary Beneficiary

First Name _____ Middle Initial _____
 Last Name _____ Social Security # _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip _____
 Code _____
 Percentage %
 If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

Primary Beneficiary

First Name _____ Middle Initial _____
 Last Name _____ Social Security # _____
 Relationship _____ Date of Birth _____
M M D D Y Y Y Y
 Address _____ Apt. Number _____
 City _____ State _____ Zip _____
 Code _____
 Percentage %
 If this beneficiary is a minor, check here and complete the guardian information on **Form 137**

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 upon application in this priority: spouse (who has not remarried), child under the age 25, dependent parent, or any other qualified dependent under the age of 21. If no such beneficiary exists, then your benefit is payable to the names you list on this form.

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:
335 ADAMS STREET,
SUITE 2300
BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:
340 JAY STREET,
MEZZANINE LEVEL
BROOKLYN, NY 11201-3724
TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

FOR OFFICE USE ONLY

CLOCK-IN-DATE

Member's Last Name _____

Social Security # _____

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

Family Information

Mother's Maiden Name _____

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 / / To / /
M M D D Y Y Y Y M M D D Y Y Y Y

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 / / To / /
M M D D Y Y Y Y M M D D Y Y Y Y

Once a Tier 4 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 / /
M M D D Y Y Y Y

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.

NYCERS

RETIREMENT AND BENEFITS

NEW YORK CITY EMPLOYEES' RETIREMENT SYSTEM

MAIL ONLY:

335 ADAMS STREET,
SUITE 2300

BROOKLYN, NY 11201-3724

CUSTOMER SERVICE CENTER:

340 JAY STREET,
MEZZANINE LEVEL

BROOKLYN, NY 11201-3724

TEL: (347) 643-3000

EXECUTIVE DIRECTOR: DIANE D'ALESSANDRO

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.