



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



**Application for Membership
Tier 1 and Tier 2 Members**

This is for Tier 1 and Tier 2 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. As a prospective NYCERS member, it is important that you read and understand the different rules and regulations that apply to the various plans and programs. **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, please contact our Call Center at 347-643-3000.

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

Social Security Number	Date of Birth [MM/DD/YYYY]	Home Phone Number
	/ /	()

In Care of (if applicable)

Address	Apt. Number

City	State	Zip Code

Date of appointment [MM/DD/YYYY]	Date of civil service appointment [MM/DD/YYYY]
/ /	/ /

Job title as it appears on payroll	Agency

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

Election of Retirement Benefits (See last page for explanation)

I hereby elect to contribute for the right to retire under the plan indicated below:

- Tier 1 Plan A/Tier 2 Plan C** - Career Pension Plan Member
- Tier 1 Plan B/Tier 2 Plan D** - Minimum retirement age of 55 with increased service fraction

For Plan B Members Only

If you wish to reduce your rate by 1%, check here.

Fill in only one

- Waiving of Increased-Take-Home-Pay** (To increase the amount of your contributions).
Do not check if you wish your rate reduced.
I hereby elect to waive the reduction in rate of contributions for purposes of paying additional annuity.
- Social Security Payment** (Do not check if you desire to pay Social Security deduction in addition to contribution rate.)
I hereby elect to reduce my rate of contribution to the New York City Employees' Retirement System by the amount of my social security deduction.

Sign this form and have it notarized, Page 3



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Application for Membership

Tier 1 and Tier 2 Members

Last Name	Social Security Number

Designation of Beneficiaries. 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. If you wish to nominate more than one beneficiary for each benefit below, please submit Form #131 together with this application and designate a percentage for each beneficiary. Combined percentages (i.e., the total on both forms) should equal 100%.

I understand that should I nominate more than one beneficiary for each benefit, my death benefit will be paid in accordance with the percentages I have indicated on this form and Form #131. If no percentage is indicated, the death benefits will be shared equally. I understand that should I survive the beneficiaries, the benefit will then be payable to my estate.

The beneficiary whom I wish to nominate to receive my ordinary death benefit or presumed retirement benefit is:

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 %

The beneficiary whom I wish to nominate to receive my accumulated deductions is:

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 upon application in this priority: spouse (who has not remarried), child under the age of 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.

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Last Name	Social Security Number

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 [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]
/ /	/ /

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

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

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.

If you have an official seal, affix it

Signature of Notary Public or Commissioner of Deeds _____
Official Title _____
Expiration Date of Commission _____

Sign this form and have it notarized, THIS PAGE



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- > If you need assistance completing this form please contact NYCERS at 347-643-3000.
- > Complete the form in ink or type. Except for signature, please print all items.
- > At the top of the form, print your Social Security #, Date of Birth, name, and complete address. At the top of each page of the form, print your Name and Social Security #.
- > In each designation, Ordinary Death Benefit and Accumulated Deductions, state the full name of each beneficiary (first, middle initial, if any, and last name), relationship to you, Social Security #, date of birth and complete address, (number, street, city, state and zip code). Do Not use the words "same as above" or use "ditto marks" in either designation.
- > Designations under both benefits (Ordinary Death Benefit and Accumulated Deductions) must be completed. These are two separate benefits.
- > 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 3 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 the Designation of Beneficiary form, inasmuch as it renders the form invalid.
- > You MAY name a trustee under any designated beneficiary.
- > 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.

Note:

Plan A or Plan C A Career Pension Plan member is eligible to retire after 25 years of qualifying service and to receive a retirement allowance for such 25 years of service equal to 55% of earnable salary in the year prior to retirement, if the required amount has been contributed and on deposit at the time of your retirement. The retirement allowance will be payable not earlier than age 55 (age 50 for a member in a physically-taxing position). This election may be withdrawn at any time after one year from date of filing in which event member will be covered by Plan B. You may be entitled to additional retirement benefit amounts if you have more than 25 years of service.

Plan B or Plan D A Fifty-Five-Year-Increased-Service-Fraction Plan member is eligible to retire at age 55, and will receive a pension equal to 1.2% of earnable salary in the year prior to retirement for each year of service prior to July 1, 1968 and 1.53% for each year of service after June 30, 1968, together with an annuity and a pension for increased-take-home pay. (A fifty-five-year member may reduce his contribution rate by 1% before any reduction for increased-take-home pay or social security)