



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



NYCERS USE ONLY

F103

Save time by applying online.  
[www.nycers.org/join](http://www.nycers.org/join)

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## Application for Membership For NYCERS-Eligible Employees

This application is for City employees who wish to apply for NYCERS membership. 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 NYCERS' system, the new address will become your official address in NYCERS' records.** Should you have any questions regarding this application, please contact NYCERS' 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	Gender
			(Male/Female/Non-Binary/Other/Unknown)

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

**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/beneficiaries, the benefit will then be payable to my estate.

The beneficiary/beneficiaries whom I wish to nominate to receive my death benefit is:

<b>Primary Beneficiary</b>	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 under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137.      Percentage  %





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Member's Last Name	Social Security Number
<input type="text"/>	<input type="text"/>

**Designation of Beneficiary/Beneficiaries continues below**

**Primary Beneficiary**

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt. Number	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137. Percentage  %

**Primary Beneficiary**

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt. Number	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing Form #137. Percentage  %

**Primary Beneficiary**

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Social Security Number	Date of Birth [MM/DD/YYYY]	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt. Number	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

If this beneficiary is under the age of 21, you have the option to name a guardian of the property of the minor by checking this box and completing 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.





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Member's Last Name	Social Security Number
<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>

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

/ /	/ /
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**By signing and submitting this application: (1) I acknowledge and consent to membership in NYCERS, and to the suspension of all benefits I am receiving from any New York City or New York State public pension fund during the period while I am active at NYCERS unless I am entitled to continue to receive benefits under the law; (2) I acknowledge that I am not a member of another New York City public retirement system, and that I am not earning pension credit in two New York City retirement pension funds at the same time; and (3) I understand that I may not revoke or cancel my membership with NYCERS once this form is submitted unless I leave City service as a non-vested member.**

**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]

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

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.

<b>Signature of Member</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

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 they acknowledged to me that they 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**





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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/beneficiaries (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. Complete this form in ink or type. Please PRINT in all fields, except the Signature field.
8. **Do not** make erasures, use white-out, or cross out any typed or printed information on this form, inasmuch as it renders it invalid.
9. If you need assistance completing this form, please contact NYCERS at 347-643-3000.

