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NYCERS USE ONLY F103

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 [M	M/DD/YYYY]	Daytime Phone	Number	Email Add	ress	
	/	/	()				
First Name		M.I.	Last Name				Gender
							(Male/Female/Non-Binary/Other/Unknown
In Care of (if applicable)							
Address						A	pt. Number
City					Sta	te Zi	p Code
Date of appointment [MM	[DD/YYYY]		Date of civi	l service app	ointment [1	MM/DD/YYY	Y]
				/	/		
Job title as it appears on pa	ayroll		Agency				
I understand that should I indicated on this form (cor I understand that should I in The beneficiary/beneficiar	mbined percentages survive the benefic	s should total iary/benefici	100%). If no peraries, the benefit	centage is in will then be	dicated, the	death benef	
➤ First Name			M.I.	Last Name			
First Name Full Social Security N Address							
Full Social Security N	umber	Date of Bir	th [MM/DD/YYY	Y]	R	elationship	
		/	/				
						Apt. Num	ber
ary							
City					State		Zip Code
If this beneficiary	is under the age of			_	an of the	Pe	rcentage%
R01/23	•	Sign this for	m and have it no	tarized, Pag	e 3		Page 1 of 4
340 Jay Street, Bklyn, Mezzanine level	Fact S	s, Brochures, Sheets at nycers.org	Upload Docur www.mynycei		(347) 643-30 M - F, 8am t		30-30 47th Avenue, 10th Fl. Long Island City, NY 11101

NYCERS Employees' Retirement System	Mail Completed Forms to: 30-30 47th Avenue, 10th Fl Long Island City, NY 11101		NYCERS USE ONLY	F103
Member's Last Name		Social Security Number		

Designation of Beneficiary/Beneficiaries continues below

	First Name		M.I.	Last Name				
Carron Carron								
 	Full Social Security Number	Date of Birth [MM/D	D/YYYY]	Re	lationship		
	Address	/ /				Apt. Numb	nar.	
•						Apt. Nume)C1	
	City				State		Zip Code	
	If this beneficiary is under the age of property of the minor by checking the	is box and completin	g Form #	137.	of the	Pe	rcentage	%
,	First Name		M.I.	Last Name				
	Full Social Security Number	Date of Birth [MM/D	D/YYYY]	Re	lationship		
		/ /						
	Address					Apt. Numb	oer	
•					~			
•	City				State		Zip Code	
	If this beneficiary is under the age of property of the minor by checking th	is box and completing	g Form#		of the	Pe	rcentage	%
	Full Social Security Number	Date of Birth [MM/D	DD/YYYY]	Re	elationship		
		/ /				-		
•	Address					Apt. Numb	er	
•	City				State		Zip Code	
	If this beneficiary is under the age of property of the minor by checking thi				of the	Per	rcentage	9/6

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.

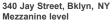
Should your death be the result of an on-the-job accident, an accidental death benefit is payable according to a priority order specified in law.

Sign this form and have it notarized, Page 3

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Mail Complete 30-30 47th Ave Long Island Ci	enue, 10th Fl			
Member's Last Name	Social Security	Number		
Family Information Mother's Maiden Name				
Marital Status (Check one) Single	Married I	Divorced	Widowed	Domestic Partnership
Record of Previous Service If you are or were a member of this or a of membership and membership numb	•	the City or State of N	lew York, fill	in the name of that system, period
Name of System			Membersh	nip Number
From [MM/DD/YYYY]	To [MM/DD/YYYY]	_		
/ /	/ /			
pension funds at the same time; and form is submitted unless I leave Cit Purchase of Previous Service You may be eligible to purchase retire further information and forms.	y service as a non-vested mo	ember.		
Military Service If you are an honorably discharged very of the United States of America, fill You may be eligible to purchase this service.	in your dates of service.	From [MM/DD/Y	/YYY] /	To [MM/DD/YYYY]
	bership application has bee hip may not be withdrawn a			
f this form was reviewed by your ag	ency have the representative	sign here:		
hereby elect to participate in NYCEF	S membership and contribute	for the right to retir	e under this p	olan.
Signature of Member			Da	ite
State of County of appeared before me the above named, and known to me to be the individual deacknowledged to me that they executed signature of Notary Public or Commissic Official Title	scribed in and who executed th the same, and that the statem ner of Deeds	to reforegoing instrument	ne known, t, and they n are true.	If you have an official seal, AFFIX IT
	• • • • • • • • • • • • • • • • • • •			

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NYCERS USE ONLY

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



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INSTRUCTIONS FOR COMPLETING THIS FORM

- 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.
- 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.
- 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.
- 6. Be sure to sign this form, in the space provided for Signature, in the presence of a Notary Public or Commissioner of Deeds.
- Complete this form in ink or type. Please PRINT in all fields, except the Signature field. 7.
- 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.
- If you need assistance completing this form, please contact NYCERS at 347-643-3000.

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Unload Documents at

www.mynycers.org