





|                    |                        |
|--------------------|------------------------|
| Member's Last Name | Social Security Number |
|                    |                        |

**Designation of Beneficiary(ies) continues below**

**Primary Beneficiary**

|                             |                            |              |
|-----------------------------|----------------------------|--------------|
| 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  %

**Primary Beneficiary**

|                             |                            |              |
|-----------------------------|----------------------------|--------------|
| 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  %

**Primary Beneficiary**

|                             |                            |              |
|-----------------------------|----------------------------|--------------|
| 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 according to a priority order specified in law.



Member's Last Name

Social Security Number

|  |  |
|--|--|
|  |  |
|--|--|

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** [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]

/ /

/ /

**Once a 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**

|  |  |
|--|--|
|  |  |
|--|--|

**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**



## INSTRUCTIONS FOR COMPLETING THIS FORM

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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.