



**MUNICIPAL POLICE OFFICERS' RETIREMENT SYSTEM (MPORS)
 MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

MEMBER INFORMATION						
Last Name		First Name, MI		Social Security Number* - - -		
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Employing Agency		Employer Number (MPERA use only)		
Mailing Address						
City			State	Zip Code		
Daytime Phone Number ()		Email Address				
STATUTORY BENEFICIARY						
Statutory Beneficiaries: Your statutory beneficiary is your spouse. If you have no spouse, your dependent children are your beneficiaries. - <i>attach additional list if necessary.</i>						
Full Name of spouse		Gender	Birth Date	SSN*		
		<input type="checkbox"/> M <input type="checkbox"/> F				
Full Name of dependent children (if no spouse)			Birth Date	SSN*		
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
		<input type="checkbox"/> M <input type="checkbox"/> F				
Designated Beneficiary: A designated beneficiary receives benefits only if there is no statutory beneficiary. You may nominate one or more designated beneficiaries by using a separate line for each person. If you list two or more designated beneficiaries, they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will <u>also</u> need to complete the "Other Designation" section. I nominate the following designated beneficiaries to receive payment in the absence of any surviving spouse or dependent child: (use beneficiary's own last name, middle initial and first name)						
Full Name		Gender	Relationship	Birth Date	SSN*	Allocation
		<input type="checkbox"/> M <input type="checkbox"/> F				%
		<input type="checkbox"/> M <input type="checkbox"/> F				%
Other Designation (NOTE: Any designated trust must already be in existence—this form cannot create a trust; further, by your designation you verify that your trust is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)						
Name of Trust, Charity or Estate			Trustee/Contact Name			
Address				Tax Identification Number		
REQUIRED SIGNATURES						
Member Signature				Date		
Witness Name Printed (not a beneficiary)		Signature		Date		

Original signatures are required. MPERA cannot accept faxed or photocopies of this form.

This form must be received by our office before any changes will take effect.