



Montana Public Employee Retirement Administration
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<http://mpera.mt.gov>

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

MEMBER INFORMATION					
Last Name		First Name, MI		Last 4 SSN	
Date of Birth	Gender	Employing Agency		Employer Number (MPERA use only)	
Member's Mailing Address					
City		State		Zip Code	
Daytime Phone Number		Email Address			
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION					
Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA. You may designate one or more primary or contingent beneficiaries by using a separate line for each person. If you list more than one primary or contingent beneficiary, the allocations must total 100%. If you do not specify an allocation percentage, they will be treated on a proportionally equivalent basis. If you prefer a different allocation, please specify. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you designate a trust, a charitable organization, or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section. Primary Beneficiary - attach additional list if necessary.					
Full Name	Gender	Relationship	Birth Date	SSN*	Allocation <small>Must total 100%</small>
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Contingent Beneficiary (optional) - attach additional list if necessary.					
Full Name	Gender	Relationship	Birth Date	SSN*	Allocation <small>Must total 100%</small>
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<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 designating a trust you verify that it 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)		Witness Signature		Date	

**Original signatures are required. MPERA cannot accept faxed or photocopies of this form.
This form must be filed with MPERA before any changes will take effect.**

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109