



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

**MUNICIPAL POLICE OFFICERS' RETIREMENT SYSTEM (MPORS)
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)	
Mailing Address					
City		State		Zip Code	
Daytime Phone Number		Email Address			
STATUTORY BENEFICIARY					
Statutory Beneficiaries: Your statutory beneficiary is your spouse to whom you are legally married. If you have no spouse, your dependent children are your beneficiaries. - <i>Attach an 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 an equally shared 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 also 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 <small>Must total 100%</small>
	<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.**

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