



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

VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA) BENEFICIARY DESIGNATION

MEMBER INFORMATION			
Last Name	First Name, MI	Social Security Number* - -	
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Mailing Address	
City	State	Zip Code	
Daytime Phone Number ()	Email Address		
Entry Date	Fire Company/Fire Service Area/Rural Fire District		
BENEFICIARY DESIGNATION			
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 <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	SSN*
Full Name of Dependent Children (if no spouse)	<input type="checkbox"/> M <input type="checkbox"/> F	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		
	<input type="checkbox"/> M <input type="checkbox"/> F		
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 filed with MPERA before any changes will take effect.

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