



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

**VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA)
 DESIGNATION OF BENEFICIARY CARD**

MEMBER INFORMATION		
Last Name	First Name, MI	Social Security Number* - -
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Fire Company/Fire Service Area/Rural Fire District
Mailing Address		
City	State	Zip Code
Daytime Phone Number ()	Email Address	
BENEFICIARY DESIGNATION		
<p>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></p>		
Full Name of Spouse	Birth Date	SSN
Full Name of Dependent Children (if no spouse)	Birth Date	SSN
REQUIRED SIGNATURES		
Member		Date
Witness Name Printed (not a beneficiary)	Signature	Date