Montana Public Employee Retirement Administration
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(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

GAME WARDENS' & PEACE OFFICERS' RETIREMENT SYSTEM (GWPORS) MEMBERSHIP/DESIGNATION OF BENEFICIARY CARD

MEMBER INFORMATION

Last Name		First Name, MI	Social Security Number* - -
Date of Birth / /	Gender ☐M ☐F	Employing Agency	Employer Number (MPERA use only)
Mailing Address			
City		State	Zip Code
Daytime Phone Number ( )		Email Address	

Type Of Position (check one): ☐ Game Warden ☐ Stock Detective ☐ Motor Vehicle Inspector
☐ Stock Inspector ☐ Motor Carrier Officer ☐ Campus Security Officer ☐ Prison Warden or Deputy
☐ Drill Instructor ☐ Corrections Officer ☐ Probation Officer ☐ Parole Officer

PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION

☐ **I wish to retain the GWPORS beneficiary designation currently on file with MPERA.**

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. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary (or two or more contingent 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 (for the benefit of a natural living person only), a charitable organization or your estate as a 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
	☐M ☐F				%
	☐M ☐F				%
	☐M ☐F				%

Contingent Beneficiary (optional) - *attach additional list if necessary.*

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	☐M ☐F				%
	☐M ☐F				%

Other Designation (NOTE: Any designated trust must already be in existence—this form cannot create a trust.)

Name of Trust, Charity or Estate	Trustee/Contact Name	Address

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.*