



**HIGHWAY PATROL OFFICERS' RETIREMENT SYSTEM (HPORS)
 MEMBERSHIP/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	Employing Agency		Employer Number (MPERA use only)	
Member's Mailing Address					
City			State	Zip Code	
Daytime Phone Number ()		Email Address			
STATUTORY BENEFICIARY					
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	Birth Date	SSN*	
		<input type="checkbox"/> M <input type="checkbox"/> F			
Full Name of dependent children (if no spouse)		Gender	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 <u>designated beneficiary</u> 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 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.					
I nominate the following designated beneficiaries to receive payment in the absence of any surviving spouse or dependent child:					
Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<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.)					
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.