



**MUNICIPAL POLICE OFFICERS' RETIREMENT SYSTEM (MPORS)
 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)	
Mailing Address					
City			State	Zip Code	
Daytime Phone Number ()		Email Address			
STATUTORY BENEFICIARY					
<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		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			
<p>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 primary or contingent beneficiary, you will also need to complete the "Other designation" section.</p> <p>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)</p>					
Full Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship	Birth Date	SSN*	Allocation %
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
Other designation:					
Name of Trust, Charity or Estate		Trustee/Contact Name		Address	
REQUIRED SIGNATURES					
Member Signature				Date	
Witness Name Printed (not a beneficiary)		Signature		Date	