



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)
 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	

PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION

I wish to retain the PERS beneficiary designation currently on file with MPERA.

Completion of this section revokes all prior beneficiary designations. 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 primary or contingent 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
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%

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

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<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