



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

DESIGNATION OF BENEFICIARY

MEMBER INFORMATION					
Last Name	First Name, MI	SSN			
Member's Mailing Address					
City	State	Zip Code			
Phone Number	Email Address				
PRIMARY AND/OR CONTINGENT BENEFICIARY DESIGNATION					
<p>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 more than one primary or contingent beneficiary, the allocations must total 100%. If you do not specify an allocation percentage, they will be treated on a proportionally equivalent basis. If you prefer a different allocation, please specify. If you designate a trust, a charitable organization or your estate as a primary or contingent beneficiary, you will also need to complete the "Other Designation" section.</p>					
Primary Beneficiary - attach additional list if necessary.					
Full Name	Gender	Relationship	Birth Date	SSN*	Allocation <small>Must total 100%</small>
	<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 <small>Must total 100%</small>
	<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 (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it is (1) valid under state law; (2) irrevocable on or before your death; and (3) for the benefit of identifiable living person(s).)					
Name of Trust, Charity, or Estate			Trustee/Contact Name		
Address				Tax Identification Number	
REQUIRED SIGNATURES					
Member Signature				Date	
Witness Name Printed (not a beneficiary)		Witness Signature		Date	

This form must be filed with MPERA before any changes will take effect.

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.