Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
http://mpera.mt.gov

STATUTORY DESIGNATION OF BENEFICIARY

MEMBER INFORMATION

System: ☐ MPORS ☐ HPORS ☐ FURS ☐ VFCA (check all systems that apply)
Status: ☐ Active/Inactive ☐ Retiree/Benefit Recipient

Last Name	First Name, MI	SSN

Date of Birth	Gender	Employing Agency

Mailing Address		

City	State	Zip Code

Phone Number ( )	Email Address

STATUTORY BENEFICIARY

Statutory Beneficiaries – Upon your death, your statutory beneficiary will continue receiving your monthly benefit. Your statutory beneficiary is your spouse to whom you are legally married to at the time of your death, or your dependent children.

Spouse:

Full Name	Gender	Birth Date	SSN
	☐ M ☐ F		

If you have no spouse, your dependent children (under age 18 years of age, or under age 24 if attending an accredited education institution) are your beneficiaries.

Dependent Children - *attach additional list if necessary:*

Full Name	Gender	Birth Date	SSN	Allocation Must total 100%
	☐ M ☐ F			%
	☐ M ☐ F			%
	☐ M ☐ F			%

Designated Beneficiary – You may nominate one or more designated beneficiaries to receive a lump-sum payment in the absence of any surviving spouse or dependent children. *Attach additional list if necessary.* If you designate a trust, a charitable organization, or your estate as a beneficiary, you will also need to complete the "Other Designation" section.

Full Name	Gender	Relationship	Birth Date	SSN	Allocation Must total 100%
	☐ M ☐ F				%
	☐ M ☐ F				%
	☐ M ☐ 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 your trust 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