



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

**HIGHWAY PATROL OFFICERS' RETIREMENT SYSTEM (HPORS)  
MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

MEMBER INFORMATION					
Last Name		First Name, MI		SSN	
Date of Birth	Gender	Employing Agency		Employer Number (MPERA use only)	
Member's Mailing Address					
City		State		Zip Code	
Phone Number		Email Address			
STATUTORY BENEFICIARY					
<b>Statutory Beneficiaries:</b> Your statutory beneficiary is your spouse to whom you are legally married. If you have no spouse, your dependent children are your beneficiaries. - <b>Attach an additional list if necessary.</b>					
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			
<b>Designated Beneficiary: A designated beneficiary receives benefits only if there is no statutory beneficiary.</b> You may nominate one or more designated beneficiaries by using a separate line for each person. If you list more than one designated 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. <b>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.</b>					
I nominate the following designated beneficiaries to receive payment in the absence of any surviving spouse or dependent child (under 18 years of age or under age 24 if attending an accredited post-secondary educational institution):					
Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<input type="checkbox"/> M <input type="checkbox"/> F				Must total 100%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
	<input type="checkbox"/> M <input type="checkbox"/> F				%
<b>Other Designation</b> (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by your designation 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	
Witness Name Printed (not a beneficiary)		Signature		Date	

**This form must be received by our office before any changes will take effect.**

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