



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

**VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA)
 BENEFICIARY DESIGNATION FORM**

MEMBER INFORMATION			
Last Name		First Name, MI	SSN
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Mailing Address	
City		State	Zip Code
Phone Number		Email Address	
Entry Date		Fire Company/Fire Service Area/Rural Fire District	
BENEFICIARY DESIGNATION			
<p>Statutory Beneficiaries: Your statutory beneficiary is your spouse to whom you are legally married. If you have no spouse, your dependent children are your beneficiaries. - <i>Attach an additional list if necessary.</i></p>			
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		
	<input type="checkbox"/> M <input type="checkbox"/> F		
REQUIRED SIGNATURES			
Member Signature			Date
Witness Name Printed (not a beneficiary)	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.