



**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					
<input type="checkbox"/> I wish to retain the PERS beneficiary designation currently on file with MPERA.					
<p>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.</p>					
Primary Beneficiary - attach additional list if necessary.					
Full Name		Gender	Relationship	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			
					%
					%
					%
Contingent Beneficiary (optional) - attach additional list if necessary.					
Full Name		Gender	Relationship	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			
					%
					%
					%
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