



**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

I wish to retain the PERS beneficiary designation currently on file with MPERA.

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.

Primary Beneficiary - attach additional list if necessary.

| Full Name | Gender | Relationship | Birth Date | SSN* | Allocation |
|-----------|---|--------------|------------|------|------------|
| | <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 |
|-----------|---|--------------|------------|------|------------|
| | <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 |