



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS)  
 MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM**

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**

**Completion of this section revokes all prior beneficiary designations unless you are prohibited from changing your beneficiary by a valid temporary restraining order issued pursuant to § 40-4-121, MCA.** 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, 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** (NOTE: Any designated trust must already be in existence - this form cannot create a trust. Further, by designating a trust you verify that it 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)	Witness Signature
	Date

**Original signatures are required. MPERA cannot accept faxed or photocopies of this form.**

**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.