



**HIGHWAY PATROL OFFICERS' RETIREMENT SYSTEM (HPORS)
 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		

STATUTORY BENEFICIARY				
Statutory Beneficiaries: Your statutory beneficiary is your spouse. If you have no spouse, your dependent children are your beneficiaries. - <i>attach additional list if necessary.</i>				
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		

Designated Beneficiary: A designated beneficiary receives benefits only if there is no statutory beneficiary. You may nominate one or more designated beneficiaries by using a separate line for each person. If you list two or more designated beneficiaries, they will be treated on a share and share alike basis. If you prefer a different allocation, please specify. 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.

I nominate the following designated beneficiaries to receive payment in the absence of any surviving spouse or dependent child:

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	<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 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

**Original signatures are required. MPERA cannot accept faxed or photocopies of this form.
 This form must be received by our office before any changes will take effect.**