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

JUDGES' RETIREMENT SYSTEM (JRS)
MEMBERSHIP/DESIGNATION OF BENEFICIARY FORM

MEMBER INFORMATION

Last Name	First Name, MI	Social Security Number* - -

Date of Birth / /	Gender ☐ M ☐ 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 JRS beneficiary designation currently on file with MPERA.**

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 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 <u>also</u> need to complete the "Other Designation" section.

Primary Beneficiary - *attach additional list if necessary.*

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	☐ M ☐ F				%
	☐ M ☐ F				%
	☐ M ☐ F				%
	☐ M ☐ F				%

Contingent Beneficiary (optional) - *attach additional list if necessary.*

Full Name	Gender	Relationship	Birth Date	SSN*	Allocation
	☐ M ☐ F				%
	☐ M ☐ 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.

* For identification and tax purposes. *§19-2-403(8) MCA, 26 USC § 6109.*