



**FIREFIGHTERS' UNIFIED RETIREMENT SYSTEM (FURS)
 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)
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 <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date		SSN*
Full Name of Dependent Children (if no spouse)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	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 <u>designated beneficiary</u> 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 <u>also</u> 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 <input type="checkbox"/> M <input type="checkbox"/> F	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 (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.**