



**FIREFIGHTERS' UNIFIED RETIREMENT SYSTEM (FURS)
 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)	
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 designate a trust (for the benefit of a natural living person only), a charitable organization or your estate as a 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 <input type="checkbox"/> M <input type="checkbox"/> F	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.)						
Name of Trust, Charity or Estate		Trustee/ Contact Name		Address		
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.