



MoDOT & Patrol Employees' Retirement System
 813 W Stadium Blvd, Jefferson City, MO 65109
 Phone: (573) 298-6080 • Fax: (573) 522-6111
 Email: mpers@mpers.org • Web: www.mpers.org

\$5,000 Beneficiary Designation

1. Complete all sections of this form (type or print clearly).
2. Mail completed form to MPERS.

Social Security Number: XXX – XX –	Name: (Last, First MI)
District/Division/Troop:	Date of Retirement or Disability Benefits:

To Be Eligible, You Must:

- Retire after September 28, 1985 and within 60 days of leaving state employment.
- Be a LTD recipient who subsequently retires.
- Be a work-related or normal disability recipient on or after September 28, 1985.

You Are Not Eligible, if You:

- Retired or began receiving disability benefits prior to September 28, 1985.
- Terminate(d) as a vested member and subsequently retire.
- Are receiving LTD benefits.

Beneficiary Information

Beneficiaries can be anyone (i.e. relative, friend, organization, etc). After your death, MPERS will pay this benefit to your surviving primary beneficiaries first, divided equally. If there are no surviving primary beneficiaries, MPERS will pay your surviving contingent beneficiaries, divided equally. **Additional space for designating beneficiaries may be found on the reverse side of this form.**

Primary Beneficiary(ies): Benefit will be paid to surviving primary beneficiaries first.

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Contingent Beneficiary(ies): If no surviving primary beneficiaries, benefit will be paid to surviving contingent beneficiaries.

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

I hereby designate the beneficiary(ies) listed in this form to receive proceeds from my death benefit with MPERS. I understand that I may change my designation(s) by completing a new \$5,000 Beneficiary Designation form. Submitting this form revokes prior designations and becomes effective upon receipt at MPERS. If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.

Member Signature:	Date:
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Primary **Contingent** *(check one)*

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Primary **Contingent** *(check one)*

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

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Mailing Address:	(City)	(State)	(Zip Code)

Primary **Contingent** *(check one)*

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Primary **Contingent** *(check one)*

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

Primary **Contingent** *(check one)*

Name:	Social Security Number:	Relationship:	Date of Birth:
Mailing Address:	(City)	(State)	(Zip Code)

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