



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

SECTION A –MEMBER INFORMATION

Name: (Last, First, MI)		Social Security Number:	
Mailing Address:	City:	State:	Zip Code:
Email Address:	Phone Number: ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Alternate Phone Number: () <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

SECTION B – AGENT INFORMATION

Primary Agent – The Agent named below will act for me (under the provision of Section 104.1093, RSMo.) with the authority to apply for and receive benefits on my behalf as provided by or through MPERS. Agent(s) must be at least 18 years old.

Primary Agent's Name: (Last, First, MI)		Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Mailing Address:	City:	State:	Zip Code:

Successor Agent (Optional Designation) – In the event the agent listed above cannot or will not act, the successor agent named below will have the same authority as described above.

Successor Agent's Name: (Last, First, MI)		Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Mailing Address:	City:	State:	Zip Code:

- Do you want your agent(s) named above to be able to designate or change beneficiaries applicable to your MPERS benefits? Yes No
- If you answered yes to the preceding question, can your agent(s) designate himself/herself as beneficiary? Yes No
- If your agent(s) can designate himself/herself as beneficiary, can your agent designate himself/herself as SOLE beneficiary? Yes No

I acknowledge and understand that the responsibility for my agent's decisions regarding the proper application and use of my benefits, as provided by or through MPERS, is a matter exclusively between me and my agent (or successor agent). I hereby waive any claim against MPERS and its employees and release and agree to hold them harmless in any matters transacted by my agent (or successor agent) at any time. I revoke all prior *Designation of Agent* forms that I may have previously executed.

Effective Date of Designation – This *Designation of Agent* shall become effective upon my physician determining that I am disabled or incapacitated and communicating that determination to MPERS in writing. **The authority of my agent (or successor agent) shall not terminate if I become disabled or incapacitated.**

Signature:	Date:
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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.