

MoDOT & Patrol Employees' Retirement System

PO Box 1930 • Jefferson City, MO 65102-1930

Phone: (573) 298-6080 • (800) 270-1271 Fax: (573) 522-6111 • Email: mpers@mpers.org

Website: www.mpers.org

Designation of Agent (For MPERS Benefit)

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

		TICIPANT INFOR		
Name: (Last, First, MI)			Social Security Number:	
Mailing Address:	City:	State:	Zip Code:	
Email Address:	Phone Number:	□ Cell	Alternate Phone Number:	□ Cell
Linali Address.	()	□ Home	()	□ Home
	,	□ Work	,	□ Work
SECTION B – AGENT INFORMATION				
SECTION 6 - AGENT INFORMATION				
Do you want your agent(s) named below to your MPERS benefits?				□ Yes □ No
2. If you answered yes to the preceding ques	stion, can your agent(s	s) designate himself/he	rself as beneficiary?	□ Yes □ No
3. If your agent(s) can designate himself/hers	self as beneficiary, car	n your agent designate	himself/herself	
as SOLE beneficiary?				□ Yes □ No
Drimony Agent. The Ament are added to the control of the control o	:11		404 4000 DOM- \	alle e site a terre e se e la c
<u>Primary Agent</u> – The Agent named below w for and receive benefits on my behalf as provided in the provided in the provided in the provided in the primary Agent.				itnority to apply
Drive on A gent's Names (Lost First MI)			Duefermed Dhene Moush en	- O-II
Primary Agent's Name: (Last, First, MI)			Preferred Phone Number:	□ Cell □ Home
				□ Work
Mailing Address: City:			State: Zip Code:	
9				
Successor Agent (Optional Designation) –		listed above cannot or	will not act, the successor ag	gent named
Successor Agent (Optional Designation) – below will have the same authority as describe		listed above cannot or	will not act, the successor ag	gent named
		listed above cannot or	will not act, the successor ac	gent named □ Cell
below will have the same authority as describe		listed above cannot or		
below will have the same authority as describe Successor Agent's Name: (Last, First, MI)		listed above cannot or	Preferred Phone Number:	□ Cell
below will have the same authority as describe		listed above cannot or	Preferred Phone Number:	□ Cell □ Home
below will have the same authority as describe Successor Agent's Name: (Last, First, MI)		listed above cannot or	Preferred Phone Number:	□ Cell □ Home
below will have the same authority as describe Successor Agent's Name: (Last, First, MI)		listed above cannot or	Preferred Phone Number:	□ Cell □ Home
Successor Agent's Name: (Last, First, MI) Mailing Address: City:	d above.		Preferred Phone Number: () State: Zip Code:	□ Cell □ Home □ Work
below will have the same authority as describe Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon	sibility for my agent's	decisions regarding the	Preferred Phone Number: () State: Zip Code:	□ Cell □ Home □ Work of my benefits, as
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exception.	sibility for my agent's	decisions regarding the	Preferred Phone Number: () State: Zip Code: e proper application and use dessor agent). I hereby waive	□ Cell □ Home □ Work of my benefits, as any claim
below will have the same authority as describe Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon	sibility for my agent's clusively between me and agree to hold the	decisions regarding the and my agent (or succ em harmless in any ma	Preferred Phone Number: () State: Zip Code: e proper application and use dessor agent). I hereby waive atters transacted by my agent	□ Cell □ Home □ Work of my benefits, as any claim
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation	sibility for my agent's clusively between me and agree to hold the on of Agent forms that	decisions regarding the and my agent (or succ em harmless in any ma I may have previously	Preferred Phone Number: () State: Zip Code: e proper application and use dessor agent). I hereby waive atters transacted by my agent executed.	□ Cell □ Home □ Work of my benefits, as any claim (or successor
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation Effective Date of Designation – This Designation	sibility for my agent's clusively between me e and agree to hold the on of Agent forms that	decisions regarding the and my agent (or succ em harmless in any ma I may have previously come effective upon m	Preferred Phone Number: () State: Zip Code: e proper application and use of essor agent). I hereby waive atters transacted by my agent executed. y physician determining that	□ Cell □ Home □ Work of my benefits, as any claim (or successor
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation incapacitated and communicating that determine	sibility for my agent's clusively between me e and agree to hold the on of Agent forms that ation of Agent shall be nation to MPERS in w	decisions regarding the and my agent (or succ em harmless in any ma I may have previously come effective upon m	Preferred Phone Number: () State: Zip Code: e proper application and use of essor agent). I hereby waive atters transacted by my agent executed. y physician determining that	□ Cell □ Home □ Work of my benefits, as any claim (or successor
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation Effective Date of Designation – This Designation	sibility for my agent's clusively between me e and agree to hold the on of Agent forms that ation of Agent shall be nation to MPERS in w	decisions regarding the and my agent (or succ em harmless in any ma I may have previously come effective upon m	Preferred Phone Number: () State: Zip Code: e proper application and use of essor agent). I hereby waive atters transacted by my agent executed. y physician determining that	□ Cell □ Home □ Work of my benefits, as any claim (or successor
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation Effective Date of Designation — This Designation incapacitated and communicating that determinate if I become disabled or incapacitated.	sibility for my agent's clusively between me e and agree to hold the on of Agent forms that ation of Agent shall be nation to MPERS in w	decisions regarding the and my agent (or succ em harmless in any ma I may have previously come effective upon m riting. The authority c	Preferred Phone Number: () State: Zip Code: e proper application and use of essor agent). I hereby waive atters transacted by my agent executed. y physician determining that	□ Cell □ Home □ Work of my benefits, as any claim (or successor
Successor Agent's Name: (Last, First, MI) Mailing Address: City: I acknowledge and understand that the respon provided by or through MPERS, is a matter exagainst MPERS and its employees and release agent) at any time. I revoke all prior Designation incapacitated and communicating that determine	sibility for my agent's clusively between me e and agree to hold the on of Agent forms that ation of Agent shall be nation to MPERS in w	decisions regarding the and my agent (or succ em harmless in any ma I may have previously come effective upon m	Preferred Phone Number: () State: Zip Code: e proper application and use of essor agent). I hereby waive atters transacted by my agent executed. y physician determining that	□ Cell □ Home □ Work of my benefits, as any claim (or successor

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.