



**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 Beneficiary for Employee Contributions

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

Member Information		
Social Security Number:	Name: (Last, First MI)	Date of Employment:
District/Division/Troop:	Phone Number: ( )	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

- The refund of employee contributions is payable in accordance with Section 104.1091, RSMo. By law, if monthly survivor benefits are payable to anyone after your death, the beneficiary designated herein will **not** be eligible to receive a refund of your employee contributions.
- If you do **not** designate a beneficiary to receive a refund of your employee contributions, the funds will be paid in the following order: 1) spouse, 2) children, 3) parents, 4) siblings, and 5) as permitted by law.

## Beneficiary Information

Use this form to designate the beneficiary(ies) to receive a refund of your employee contributions paid into the system to fund your retirement. Beneficiaries can be anyone (i.e. spouse, relative, friend, organization, etc). After your death, MPERS will pay this refund to your surviving primary beneficiary first. If there is no surviving primary beneficiary, MPERS will pay your surviving contingent beneficiary(ies).

**Primary Beneficiary:** The refund will be paid to surviving primary beneficiary first.

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

**Contingent Beneficiary(ies):** If no surviving primary beneficiary, the refund will be paid to surviving contingent beneficiary(ies).

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)

## Signature of Member

I hereby designate the beneficiary(ies) listed in this form to receive a refund of my employee contributions from MPERS. I understand that I may change my designation(s) by completing a new *Designation of Beneficiary for Employee Contributions* 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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