

MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA

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DESIGNATION OF BENEFICIARY For Vested Members

To: The Municipal Fire and Police Retirement System of Iowa

Member's Name: _____ SSN: _____

The Retirement System will pay all sums payable under the Plan by reason of my death prior to retirement in accordance with the provisions of Chapter 411. The statute provides for the following payment priority:

1. To the member's designated beneficiary.
2. To the member's surviving spouse.
3. To the member's surviving children (including adult children), in equal shares.
4. To the member's surviving parents, in equal shares.
5. To the member's estate.
6. To the member's heirs if the estate is not probated.

Pursuant to the provisions of Chapter 411 of the Iowa Code (the "Plan") permitting the designation of a beneficiary or beneficiaries by a member, I hereby designate the following person or persons as primary and contingent beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

NOTE - A TRUST WILL NOT BE CONSIDERED A VALID BENEFICIARY DESIGNATION UNLESS THE TRUST DOCUMENTS MEET THE SYSTEM'S LEGAL REQUIREMENTS.

PRIMARY BENEFICIARY(IES):

Name	Relationship	SS#	Birth Date	Address
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CONTINGENT BENEFICIARY(IES):

Name	Relationship	SS#	Birth Date	Address
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Note: If you have named a primary beneficiary other than your spouse, your Designation of Beneficiary is invalid without the consent of your spouse.

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and contingent beneficiaries. I understand that my designation filed with the System shall be deemed revoked if:

- I retire
- I file a new designation with the System
- I marry
- I divorce the individual who was the named beneficiary

DATE OF THIS DESIGNATION

SIGNATURE OF MEMBER

MFPRSI

IF YOU ARE NOT MARRIED, CHECK HERE

Note: If you have named a primary beneficiary other than your spouse, your Designation of Beneficiary is invalid without the consent of your spouse.

CONSENT OF SPOUSE

I, the undersigned spouse of the Member named in the foregoing "Designation of Beneficiary," hereby certify I have read the Designation of Beneficiary and that I understand that the property subject to the designation is my spouse's accrued benefit under the Plan, in which I possess a beneficial interest, provided I survive my spouse. I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent for any future designation, or my consent is no longer effective.

I have executed this consent this _____ day of _____, 20____.

SIGNATURE OF SPOUSE OF PARTICIPANT

The above signature **MUST** be witnessed by either a Plan Representative or a Notary Public.

Signature of spouse witnessed this _____ day of _____, 20____, in the presence of:

PLAN REPRESENTATIVE

or

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____
_____ who executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20____.

(SEAL)

NOTARY PUBLIC

My commission expires: _____