

**MUNICIPAL FIRE & POLICE
RETIREMENT SYSTEM OF IOWA**

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**APPLICATION TO BECOME
THE REPRESENTATIVE PAYEE**

Dear Applicant:

Please use this application to apply to MFPRSI to become the representative payee for a member who can no longer handle his or her own affairs. If you are approved as representative payee, you may be required to account to the System for the use of payments. You will be required to report to the System at the time of the member's death, and return any necessary payments not due to the member.

INSTRUCTIONS:

When your application is received, MFPRSI will process it as quickly as possible. Meanwhile, if you have questions, please contact MFPRSI at the address or phone number listed above.

MEMBER's name for whom you are applying: _____

MEMBER's Social Security Number: _____

APPLICANT's name: _____

APPLICANT's address: _____

APPLICANT's phone: _____

Please complete the following:

Name of person with whom the member lives: _____

Address of person with whom the member lives: _____

Phone of person with whom the member lives: _____

Does the Member have a court-appointed legal representative? _____

If so, list the following:

Legal Representative's Name: _____

Legal Representative's Address: _____

Legal Representative's Phone Number: _____

If you are the legal representative, please forward a certified copy of your appointment papers.

Does the Member have any close relatives that show interest in the Member: _____

Name of close relative: _____

Address of close relative: _____

Phone number of close relative: _____

Explain why you should be the Representative Payee for the Member:

Please describe your relationship with the member (if any) and nature of entity that you represent (e.g. social service agency).

Are you the legal payee for the member's Social Security checks, etc.: _____

Please list any other information that is appropriate under the circumstances:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM:

I understand that:

- I must use all payments made to me as the representative payee for the member's current needs or (if not currently needed) save them for his/her future needs.
- I may be held personally liable for repayment if I misuse the payments or if I am at fault for any overpayment of benefits.

I agree to:

- Provide information regarding the use of the payments if requested by the MFPRSI.
- Notify MFPRSI when the member dies, leaves my custody or otherwise changes his/her living arrangements or when I no longer have responsibility for his/her care and welfare.
- Comply with the conditions for returning checks that the member is not due (e.g. checks received following the member's death).
- Notify MFPRSI promptly if I can no longer act as representative payee or if the member no longer needs a representative payee.

Applicant's Signature

Date