MFPRSI MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA
7155 Lake Drive, Suite 201
West Des Moines, IA 50266
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Fax: 515.254.9300
pensions@mfprsi.org
www.mfprsi.org

Active / Vested Member Request Form

Requested information will be mailed to the address we have on file. If your address has changed, please complete and sign an Address or Name Change Form. Address or Name Change Forms can be obtained from our website, www.mfprsi.org.

First Name _____ Last Name _____ Last 5 Digits of SSN _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

I would like to request the following (select at least one option):

- ☐ **1. Benefit Estimate***
- ☐ **2. DROP Estimate***
- ☐ **3. Service Retirement Application***
- ☐ **4. DROP Application***
- ☐ **5. Vested Retirement Application***
- ☐ **6. Disability Retirement Application***
- ☐ **7. DROP Enrollment Form**
- ☐ **8. Contribution Income Verification**
- ☐ **9. Recent Annual Statement**
- ☐ **10. MFPRSI Transfer to POR**

Date of Termination ____ / ____ / ____ (MM / DD / YYYY)

- ☐ **11. POR Transfer Date**

Date of Hire ____ / ____ / ____ (MM / DD / YYYY)

Date of Termination ____ / ____ / ____ (MM / DD / YY)

***Additional Information Required for options 1-6:**

Marital Status: ☐ Married ☐ Single **Spouse Date of Birth (if applicable):** ____ / ____ / ____ (MM / DD / YYYY)

Contingent Beneficiary Date of Birth (if different than spouse): ____ / ____ / ____ (MM / DD / YYYY)

Anticipated DROP Entry Date (optional): ____ / ____ / ____ (MM / DD / YYYY)

Anticipated Date of Termination: ____ / ____ / ____ (MM / DD / YYYY)

Additional Dates of Termination for Benefit Estimate (optional):

____ / ____ / ____ (MM / DD / YYYY) ____ / ____ / ____ (MM / DD / YYYY)