

## **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.

		<del></del>	
First Name Last Name		La	ast 5 Digits of SSN
Street Address			
City	State	Zip	<u> </u>
City	State	ΔΙΡ	
Email		Phone	
I would like to request the follo	owing (select at least one option	on):	
☐ 1. Benefit Estimate - Please	provide the following informa-	ion:	
a. Marital Status:	□ Married □ Sin	gle	
b. Spouse's Date of Birth	ı (if		
applicable):	/	/	
c. Contingent Beneficia		YYYY	
of Birth (if different tha			
spouse):	/ DD	/	
d. Additional Dates of Te		YYYY	
for Benefit Estimate (c		/	/ / /
	MM DD	YYYY	MM DD YYYY
☐ 2. DROP Estimate			
a. Anticipated DROP En	try Date: /	/	
	MM DD	YYYY	
$\square$ 3. Contribution Income Ver	rification		
☐ 4. Recent Annual Statemer	nt		
☐ 5. MFPRSI Transfer to POR -	Please provide the following in	formation:	
a. Date of Termination:	_		
	/ / DD	YYYY	
$\square$ 6. POR Transfer to MFPRSI -	Please provide the following in	formation:	
a. POR Date of Hire:	/	/	
	/ DD	YYYY	
b. POR Date of Terminat	ion: / DD	/	
	MM DD	YYYY	