

MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA

phone: (515) 254-9200
fax: (515) 254-9300
toll free: (888) 254-9200
e-mail: pensions@mfrsi.org

7155 Lake Drive Suite 201, West Des Moines, IA 50266

web site: www.mfrsi.org

ACTIVE/VESTED MEMBER REQUEST FORM

First Name Middle Initial Last Name

Street Address

Street Address

City State Zip Phone (include area code):

I would like to request a (check at least one):

- | | |
|--------------------------------------|--------------------------------------|
| 1. Benefit Estimate | 8. Contribution Income Verification |
| 2. DROP Estimate | 9. Recent Annual Statement |
| 3. Service Retirement Application | 10. MFPRSI Transfer to POR |
| 4. DROP Application | Date of Termination (mm/dd/yyyy) |
| 5. Vested Retirement Application | 11. POR Transfer Date |
| 6. Disability Retirement Application | POR Date of Hire (mm/dd/yyyy) |
| 7. DROP Enrollment Form | POR Date of Termination (mm/dd/yyyy) |

Additional Information Required for 1-6:

Marital Status: Married Single Spouse Date of Birth (if applicable):

Contingent Beneficiary Date of Birth (if different than spouse):

Anticipated DROP entry date(optional):

Anticipated Date of Termination (mm/dd/yyyy):

Additional Dates of Termination for Benefit Estimates (optional):

MM/DD/YYYY

MM/DD/YYYY

Requested information will be mailed to you.