

designated beneficiary

## **Membership Form**

Please type or print legibly in ink and sign the form. Once completed, please return this form to your employer. Your employer will give you one copy, will retain one copy for its records, and will forward the original to MFPRSI. □ **New Member** – Complete the entire form. ☐ **Transfers** – Complete the entire form. Part A - General Information Last Name First Name Middle Initial Address City State Zip Phone Date of Birth SSN **Fmail Sex:** □ Male □ Female Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed Part B - Current Employer □ Police ☐ Fire **Employing City** Starting Date Position Title Part C – Spouse and Dependents This does not constitute a designation of beneficiary. You must complete a Beneficiary Designation form. Spouse's Name Spouse's Date of Birth Spouse's SSN **Dependents:** Please list below the names and birth dates of your children under the age of 22. Indicate whether children over 18 are full-time students or are disabled (for social security purposes). If necessary, list additional children on a separate sheet of paper and attach it to this form. Child's Name Date of Birth Full-time Student Disabled SSN Part D – Employment History If you have ever worked as a firefighter or police officer in lowa before, please list the departments where you worked, the dates of employment, and whether you were covered by Social Security (SS) for retirement benefits. Please indicate whether you worked as a police officer or firefighter, and indicate whether or not you received a refund of your pension contributions from that employer. Department Name (City) **Employment Dates** SS Coverage Refund \_\_\_\_ to ☐ Yes ☐ No ☐ Police ☐ Fire ☐ Yes ☐ No ☐ Police ☐ Fire ☐ Yes ☐ No ☐ Yes ☐ No \_\_\_\_\_ to \_\_\_\_ ☐ Yes ☐ No ☐ Yes ☐ No ☐ Police ☐ Fire to Please sign below: Witness to your signature - must be Your signature Date someone other than your spouse or