



APPLICATION FOR MEMBERSHIP/INITIAL BENEFICIARY DESIGNATION - PSERS

- 1. Please print or type clearly.
2. Send this form to your Human Resources or Payroll office. Do not send to Public School Employees Retirement System (PSERS).

SECTION 1 - MEMBER INFORMATION

Name: (Last) (First) (MI) (Maiden) SSN: [] [] [] [] [] [] [] [] [] []

Mailing Address: (Street) (City) (State) (Zip Code)

Date of Birth: / / Gender: [] Male [] Female Daytime Phone No: ()

School System: Previous School System Employment (list years)

SECTION 2 - DESIGNATION OF BENEFICIARY

You should designate a Primary and a Contingent Beneficiary. The Contingent Beneficiary is valid only if all of the Primary Beneficiaries are deceased at the time of your death.

- 1. List all beneficiaries under the Primary Beneficiary space (or use a separate sheet of paper and attach to this form).
2. If you wish for joint beneficiaries to share equally, then write in the margin - "To Share and Share Alike." If you wish for joint beneficiaires to receive varying portions, then write the percentage that you wish for them to receive next to each name. The total amount designated must equal 100%.

Primary Beneficiary Relationship

Address Date of Birth / /

Primary Beneficiary Relationship

Address Date of Birth / /

Contingent Beneficiary Relationship

Address Date of Birth / /

Contingent Beneficiary Relationship

Address Date of Birth / /

Member Signature: Date:

SECTION 3 - PERSONNEL/PAYROLL USE ONLY

Hire Date: / / Employer #:

School System Telephone #: () - Email Address:

HR or Payroll Officer Signature: Date: / /