

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM - THEN CONSULT APPLICABLE INSTRUCTIONS

- NEW EMPLOYEE RE-EMPLOYED, MULTIPLE EMPLOYMENT EMPLOYEE NAME AND/OR ADDRESS CHANGE CHANGE IN BENEFICIARY(IES) NAME AND/OR ADDRESS

I. EMPLOYEE INFORMATION

EMPLOYEE NAME (Last)	First Name	M.I.	SOC. SEC. NUMBER	DATE OF EMPLOYMENT	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMPLOYEE'S HOME ADDRESS (Street No., Name, City, State, Zip Code)			MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	DATE OF MARRIAGE	NAME OF SPOUSE	
EMPLOYING TOWN	TOWN ADDRESS		IS THIS EMPLOYEE CURRENTLY EMPLOYED BY ANOTHER TOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE THE TOWN NAME		

II. RETIREMENT INFORMATION

- RETIREMENT SYSTEM MUNICIPAL EMPLOYEE RETIREMENT SYSTEM POLICE & FIREMAN FUND

MEMBER ID	EMPLOYMENT STATUS Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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III. BENEFICIARY INFORMATION

IF THERE ARE MORE THAN (4) BENEFICIARIES DESIGNATED, CHECK THE BOX TO THE RIGHT AND ATTACH AN ADDITIONAL CO-931 FORM LISTING ADDITIONAL BENEFICIARIES

NAME OF BENEFICIARY			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)	PERCENT	DATE OF BIRTH		(City, State, Zip Code)	PERCENT	DATE OF BIRTH	
NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.	NAME OF BENEFICIARY CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NO.
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)	PERCENT	DATE OF BIRTH		(City, State, Zip Code)	PERCENT	DATE OF BIRTH	

IV. MEMBER'S STATEMENT

I understand the provisions of the retirement plan and that, if applicable, I will be required to make contributions based upon my retirement plan designation. Further, I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) to receive upon my death any and all sums due from the Municipal Employee Retirement System. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED TOWN SIGNATURE & TITLE	PHONE DATE