

P.O. Box 1665  
Jefferson City, MO 65102  
Tel: 800-447-4334  
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ER # \_\_\_\_\_  
Dept # \_\_\_\_\_  
EE # \_\_\_\_\_

# MEMBERSHIP/ ENROLLMENT FORM

PLEASE PRINT

**FULL NAME OF EMPLOYEE:**

**EMPLOYER:**

\_\_\_\_\_

\_\_\_\_\_

**HOME ADDRESS:**

**EMPLOYEE'S DEPARTMENT:** \_\_\_\_\_

General/Police/Fire

\_\_\_\_\_ Street

**JOB TITLE:** \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

**SOCIAL SECURITY #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_  
Month /Day/Year

**DATE EMPLOYED FULL TIME:** \_\_\_\_\_  
Month/Day/Year

**SEX:** Male  Female

**FIRST APPEARED ON STATEMENT:** \_\_\_\_\_  
Leave Blank

**Has employee previously been employed by a political subdivision (city, county, library, health center, special district) participating in LAGERS?**  No  Yes. If yes, please complete the following:

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Previous LAGERS Employer Period of Employment

**LINK NUMBER:** \_\_\_\_\_  
Leave Blank

## DESIGNATION OF BENEFICIARY

I hereby direct the Board of Trustees of the Missouri Local Government Employees Retirement System (LAGERS) to pay my accumulated contributions, if any, or the benefit which may be payable, in the event of my death before retirement to:

### PRIMARY BENEFICIARY

\_\_\_\_\_ Full Name of Primary Beneficiary Street City State Zip

my \_\_\_\_\_ whose birth date is \_\_\_\_\_, if living at the time of my death.  
Relationship Month/Day/Year

IF YOU WISH TO DESIGNATE A CONTINGENT BENEFICIARY OR BENEFICIARIES WHO WOULD SHARE EQUALLY IN YOUR ACCUMULATED CONTRIBUTIONS (IF ANY) SHOULD THERE BE NO PRIMARY BENEFICIARY PAYABLE IN THE EVENT OF YOUR DEATH, PLEASE LIST ON THE NEXT PAGE. IF NOT, PLEASE SIGN THE NEXT PAGE.

NOTE: Statutes may supersede a beneficiary designation. This beneficiary designation supersedes and revokes prior beneficiary designations for all of the member's accounts.

Missouri Local Government Employees Retirement System (LAGERS)

**CONTINGENT BENEFICIARY / BENEFICIARIES**

I hereby direct the Board of Trustees of the Missouri Local Government Employees Retirement System (LAGERS) to divide my accumulated contributions equally between as many of the persons listed below as may be living at the time of my death, if no primary beneficiary is payable.

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Relationship, whose birth date is \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Relationship, whose birth date is \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Relationship, whose birth date is \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Relationship, whose birth date is \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name Street City State Zip  
\_\_\_\_\_  
Relationship, whose birth date is \_\_\_\_\_  
Month/Day/Year

**I DECLARE THE ABOVE STATEMENT TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Dated at \_\_\_\_\_, Missouri, \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Employer Agent/Representative