

LRS-2

(Rev 1/05)

P.O. Box 1665
Jefferson City, MO 65102
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Missouri Local Government
Employees Retirement System
LAGERS

(Leave Blank)

ER # _____

Dept # _____

EE # _____

MEMBERSHIP FORM

PLEASE PRINT

FULL NAME OF EMPLOYEE: _____

POLITICAL SUBDIVISION BY WHICH EMPLOYED: _____

HOME ADDRESS: _____

EMPLOYEE CLASSIFICATION: _____

General/Police/Fire

Street

JOB TITLE: _____

SOCIAL SECURITY #: _____

City State Zip Code

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? Yes No If yes, list name of subdivision and period of employment.

Political Subdivision From _____ to _____
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: (If you wish to nominate more than one beneficiary to share equally in your accumulated contributions in the event of your death, please list them on the back of this form.) NOTE: Statutes may supercede a beneficiary designation. This beneficiary designation supercedes and revokes prior beneficiary designations for all of the member's accounts.

Full Name of Primary Beneficiary Street City State Zip

my _____ whose birth date is _____, if living at the time of my death,
Relationship to Beneficiary Month/Day/Year

otherwise to my contingent beneficiary _____
Print Name Street City State Zip

my _____, whose birth date is _____.
Relationship to Beneficiary Month/Day/Year

I DECLARE THE ABOVE STATEMENTS 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

Missouri Local Government Employees Retirement System (LAGERS)

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.

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

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

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

Name Street City State Zip
_____, whose birth date is _____
Relationship 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