

1. To be completed by employing department (please type or print)

| | | | |
|--|------------|-------|-------------------|
| Last name | First name | MI | Account ID or SSN |
| Payroll cycle <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly | | | Employer |
| Department/division name | | | |
| Position title | | | Appointment date |
| Check appropriate plan <input type="checkbox"/> General <input type="checkbox"/> Unclassified | | | |
| Check one on each line: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Intermittent <input type="checkbox"/> Unlimited <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified | | | |
| Appointing authority signature | | Title | Date |

2. To be completed by employee (please type or print)

| | | |
|--|---|----------|
| Mailing address | | |
| City | State | Zip code |
| Date of birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | |
| Employee signature | | Date |

Retirement law provides that if no beneficiary has been designated, or if the designated beneficiary is deceased, any monies payable from MSRS be paid upon your death in the following sequence: to your surviving spouse, or if none, to your surviving children in equal shares, or if none, to your surviving parents in equal shares, or if none, to the representative of your estate.

If this sequence of beneficiaries does not satisfy your needs, contact the MSRS office or visit the MSRS website listed below for a change of beneficiary form.

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| FOR MSRS USE ONLY _____ |
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www.msrs.state.mn.us