

PSAB - Municipal Retirement Trust

Form A-1: Enrollment

I. Municipal Information

Municipality: _____

Plan Name: _____

II. Employee Information

Employee Name: _____

Street Address: _____ City, State, Zip Code: _____

Date of Birth: _____ Date of Hire: _____ Date of Plan Participation: _____

Sex: Male Female Social Security Number: _____ - _____ - _____

III. Spouse Information

Spouse Name: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

IV. Beneficiary Designation(s) and Authorization

1. Beneficiary Name: _____ Principal

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: _____ City, State, Zip Code: _____

2. Beneficiary Name: _____ Principal OR Contingent (Secondary)

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: (if different from employee) _____

City, State, Zip Code: _____

3. Beneficiary Name: _____ Principal OR Contingent (Secondary)

Relationship: _____ Social Security Number: _____ - _____ - _____ Date of Birth _____

Street Address: (if different from employee) _____

City, State, Zip Code: _____

In accordance with the provisions of the above-named plan, I hereby designate the person(s) listed above as beneficiary(s) for any benefits due upon my death.

Participant Signature: _____ Date _____

Municipal Certification: _____ Date _____

V. Distribution

Signed original retained by municipality, one signed copy to participant and one signed copy to PSAB-MRT.