

Instructions—Completing Your ERS Membership Packet

Please read these instructions carefully before filling out your ERS Membership Application and Pension Beneficiary Designation. **Forms with errors will not be accepted and will be returned to you for correction.**

Membership Application

- Leave 'Person ID' box blank
- Fill in all personal information to the best of your ability
- Indicate marital status
- 'Primary Contact Person' should be a preferred emergency contact
- **Your signature and date of signature is required**
- Please leave the sections "To be Completed by the Departmental Payroll Clerk" and "Employer Certification" blank

Pension Beneficiary Designation

- Leave 'Person ID' box blank
- Relationship and Date of Birth is required for all beneficiaries
- If someone is named as a Primary beneficiary, they cannot also be named as a Contingent beneficiary
- **Your signature and date of signature is required**
- **Two** witness signatures are required
- Witnesses cannot be someone named as a beneficiary
- **The date of your signature and the dates of your witnesses' signatures must be the same**

Don't forget to attach a copy of your Social Security Card along with your Membership Application and Pension Beneficiary Designation!

Employes' Retirement System City of Milwaukee 789 North Water Street, Suite 300 Milwaukee, WI 53202 1-800-815-8418 or 414-286-3557	MEMBERSHIP APPLICATION
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MEMBER INFORMATION

PERSON ID:			DATE OF BIRTH:		
NAME:	FIRST:	MI:	LAST:		
ADDRESS:			HOME TELEPHONE NO:		
ADDRESS:			BUSINESS TELEPHONE NO:		
ADDRESS:			EMAIL ADDRESS:		
CITY:	STATE:	ZIP:	SEX:	MALE	FEMALE

YOU MUST SUBMIT A COPY OF YOUR SOCIAL SECURITY CARD.

FAMILY INFORMATION

CURRENT MARITAL STATUS (Check one)	SINGLE	MARRIED
<u>SPOUSE'S NAME:</u>		<u>DATE OF BIRTH:</u>
<u>SPOUSE'S ADDRESS IF DIFFERENT FROM MEMBER:</u>		

PRIMARY CONTACT PERSON

<u>NAME:</u>	<u>PHONE NUMBER:</u>
<u>ADDRESS:</u>	
<u>CITY, STATE, ZIP:</u>	

ARE YOU CURRENTLY, OR WERE YOU FORMERLY, A MEMBER OF THE MILWAUKEE COUNTY PENSION SYSTEM?
 YES NO

ARE YOU CURRENTLY, OR WERE YOU PREVIOUSLY, A MEMBER OF A WISCONSIN STATE PENSION SYSTEM?
 YES NO

I consent to and authorize you to disclose to the City of Milwaukee Employes' Retirement System (ERS), any information relating to my **Milwaukee County ERS/State WRS enrollment**. This may include, but is not limited to, enrollment, termination, creditable service, retirement, final average salary, and maximum benefit.

MEMBER CERTIFICATION

SIGNATURE OF MEMBER: _____	DATE: _____
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TO BE COMPLETED BY THE DEPARTMENTAL PAYROLL CLERK

CURRENT EMPLOYMENT INFORMATION		
DEPARTMENT:		
JOB TITLE:		
DATE OF HIRE:	DATE OF ELIGIBILITY:	10 MONTH EMPLOYEE <input type="checkbox"/>

EMPLOYER CERTIFICATION

REVIEWED BY (PAYROLL CLERK SIGNATURE):	DATE OF SIGNATURE:
ACCEPTED BY EMPLOYES' RETIREMENT SYSTEM:	

EMPLOYEES' RETIREMENT SYSTEM (ERS)
OF THE CITY OF MILWAUKEE
789 North Water Street, Suite 300
Milwaukee, WI 53202
414-286-3557 or 1-800-815-8418

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION FORM

BENEFICIARY DESIGNATION FORM

The following sections on the Beneficiary Designation form should be completed by you:

- **BENEFICIARY DESIGNATION BOX**
 - For new employees - check "Original Designation" box
 - For current employees - check "Change of Beneficiary" box
- **MEMBER INFORMATION**
 - If member information is entered on form, review for accuracy
 - If member information is not entered on form, enter your member information

- **PRIMARY BENEFICIARY**

ANY PERSON DESIGNATED AS A PRIMARY BENEFICIARY CANNOT BE NAMED AS CONTINGENT BENEFICIARY

- First choice of who you want to receive the death benefit
- Designate a natural person(s), your estate, or your Trust
- Provide the full name, relationship, date of birth, and complete address for your designated primary beneficiary
- If you are naming your Trust, please enclose a copy of the Trust's title page, the page(s) listing the names/addresses of the trustees and the signature page

- **CONTINGENT BENEFICIARY**

ANY PERSON DESIGNATED AS A CONTINGENT BENEFICIARY CANNOT BE NAMED AS PRIMARY BENEFICIARY

- This is your choice of who you want to receive the death benefit in the event your primary designated beneficiary predeceases you
- Designate a natural person(s), your estate, or your Trust
- You cannot name an organization as a beneficiary
- Provide the full name, relationship, date of birth, and complete address for your designated contingent beneficiary

- **MEMBER AUTHORIZATION**

- Your signature and date of signature

- **WITNESS**

- These two witnesses cannot be someone you named as a beneficiary
- Witness signatures and date of signatures

RETURN COMPLETED BENEFICIARY FORM TO:

Employees' Retirement System
789 North Water Street, Suite 300
Milwaukee, WI 53202

Keep a copy of the Change of Beneficiary form for your records

EMPLOYEES' RETIREMENT SYSTEM (ERS)
 OF THE CITY OF MILWAUKEE
 789 North Water Street, Suite 300
 Milwaukee, WI 53202
 1-800-815-8418 or 414-286-3557

BENEFICIARY DESIGNATION

Original Designation

Change of Beneficiary

Instructions: I hereby revoke all previous designated beneficiaries and direct that the following designation of beneficiary supersede any designation of beneficiary previously filed with the Employees' Retirement System. (Change of Beneficiary Only).

MEMBER INFORMATION

PERSON ID:		DATE OF BIRTH:	MARRIED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FIRST:	MI:	LAST:

PRIMARY BENEFICIARY DESIGNATION: I hereby request that the Annuity and Pension Board of the Employees' Retirement System of the City of Milwaukee pay the total of my accumulated contributions in the Employees' Retirement System and the lump-sum death benefit payable on my account, if I am entitled to the same, should I die in active service, to the following person(s), trustee or to my estate.

YOU CANNOT NAME AN ORGANIZATION AS A BENEFICIARY.

ANY PERSON DESIGNATED AS A PRIMARY BENEFICIARY CANNOT BE NAMED AS CONTINGENT BENEFICIARY.

- If multiple beneficiaries are designated, distribute **equally to the survivors**. *Do not indicate percentages (%)*.
OR
 I wish to specify a **percentage payable to each listed beneficiary**. *Indicate percentages (%)*.

PRIMARY BENEFICIARY(S): Name and Address	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

CONTINGENT BENEFICIARY DESIGNATION: I further direct that, if the above designated person(s) or trustee predeceases me, the Annuity and Pension Board is hereby instructed and authorized to pay to the following as the contingent beneficiary or beneficiaries, such amounts as are due and payable on my account without any further action on my part or any further notification to the Annuity and Pension Board, should I die in active service.

ANY PERSON DESIGNATED AS A CONTINGENT BENEFICIARY CANNOT BE NAMED AS PRIMARY BENEFICIARY.

- If multiple beneficiaries are designated, distribute **equally to the survivors**. *Do not indicate percentages (%)*.
OR
 I wish to specify a **percentage payable to each listed beneficiary**. *Indicate percentages (%)*.

CONTINGENT BENEFICIARY(S): Name and Address	RELATIONSHIP:	DATE OF BIRTH:	PERCENTAGE:

MEMBER AUTHORIZATION

Signature of Member: _____	Date of Signature: _____
Address: _____	Phone #: _____

2 WITNESSES REQUIRED - ANY PERSON NAMED AS A BENEFICIARY MAY NOT SIGN AS A WITNESS.

Witness: _____	Date of Signature: _____
Witness: _____	Date of Signature: _____