

# Municipal Employee's Retirement Plan

## Retirement Change Notice

_____ Employee Name:		_____ Employee ID:	_____ Effective Date:
_____ Agency/Department/Division:		_____ Department Code:	_____ Date of Hire: <input type="radio"/> Female <input type="radio"/> Male
_____ Date of Entry:	_____ Social Security Number:	_____ Date of Birth:	_____ Gender:
_____ Employee Address:		_____ City:	_____ State:      Zip:
_____ Telephone Number:	_____ Spouse Name:		_____ Spouse Date of Birth:
_____ Spouse Address Of different from employee's):		_____ City:	_____ State:      Zip:

DESIGNATION OF BENEFICIARY: Benefit will be paid 100% to "First Beneficiary" unless specified otherwise.

_____ First Beneficiary:	_____ Second Beneficiary:
_____ Social Security Number:	_____ Social Security Number:
_____ Relationship:	_____ Relationship:
_____ Mailing Address:	_____ Mailing Address:
_____ Telephone Number:	_____ Telephone Number:
_____ Email Address:	_____ Email Address:
_____ Date of Birth:	_____ Date of Birth:

REMARKS:(MERP Beneficiary Designation Only) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Employee Signature:	_____ Date:
_____ Retirement Section Signature:	_____ Date:
_____ Benefits Manager/Retirement Services Manager Signature:	_____ Date: