

**INSTRUCTIONS:** This form is to be used by a municipality to enroll an employee into that municipality's PMRS-administered pension plan. Part A is to be completed and signed by the employee being enrolled. Part B is to be completed by the municipality's PMRS contact person and so certified. Once completed, the form is to be mailed to PMRS at the address identified below along with a check for the \$20.00 enrollment fee and a completed PMRB-2 "Nomination of Beneficiaries" form.

Once the individual has been enrolled in PMRS, a copy of the enrollment form will be sent to the new member at the mailing address provided and to the municipality's PMRS contact person.

**Please mail this form and any related documents, including a check made payable to the Pennsylvania Municipal Retirement System, to:**  
**P.O. BOX 1165**  
**HARRISBURG, PA 17108-1165**

PLEASE TYPE OR PRINT ALL ENTRIES IN INK AND SIGN WHERE REQUESTED.

**PART A: To be completed by member.**

1. NAME  <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 20%; text-align: center;"><i>First</i></span> <span style="width: 20%; text-align: center;"><i>Middle</i></span> <span style="width: 20%; text-align: center;"><i>Last</i></span> <span style="width: 20%; text-align: center;"><i>Suffix</i></span> </div>	2. SOCIAL SECURITY NUMBER  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">-</span> <span style="font-size: 1.2em;">-</span> <span style="font-size: 1.2em;">-</span> </div>
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3. EMPLOYEE MAILING ADDRESS

*Street*
*Apt.*

*City*
*State*
*Zip Code*

4. SEX (Check One)  M <input type="radio"/> F <input type="radio"/>	5. DATE OF BIRTH  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	6. MARITAL STATUS (Check One)  M <input type="radio"/> S <input type="radio"/>
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7. To be completed only if you were previously a member of PMRS with this plan and wish to restore previous service credit with this plan or if you wish to transfer the service credits from your previous PMRS plan through the portability provision of the plan. Upon receipt, we will notify you of the costs involved, if any.

OPTIONS (Check One)	FROM	TO	MUNICIPALITY IN WHICH PREVIOUSLY EMPLOYED
RESTORE PAST SERVICE <input type="radio"/>	<div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	<div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	
INVOKE PORTABILITY <input type="radio"/>	<div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	<div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	

8. I CERTIFY THAT THE INFORMATION CONTAINED IN PART A IS TRUE AND ACCURATE AND I AM AWARE IT REPRESENTS MY APPLICATION FOR ENROLLMENT IN MY EMPLOYER'S PMRS-ADMINISTERED PENSION PLAN.

*Signature of Employee*
*MM / DD / YYYY*

**PART B: To be completed by municipality.**

9. MEMBERSHIP EFFECTIVE DATE  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	10. EMPLOYMENT EFFECTIVE DATE  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> <span style="font-size: 1.2em;">/</span> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>	11. EMPLOYING MUNICIPALITY  <div style="border-bottom: 1px solid black;"></div>
12. MUNICIPAL CODE  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">-</span> <span style="font-size: 1.2em;">-</span> <span style="font-size: 1.2em;">-</span> </div>	13. EMPLOYEE CONTRIBUTION RATE  <div style="border-bottom: 1px solid black; text-align: center;"> <span style="font-size: 1.2em;">%</span> </div>	14. FREQUENCY OF PAY (Check One)  SEMI-MONTHLY <input type="radio"/> WEEKLY <input type="radio"/> BI-WEEKLY <input type="radio"/> OTHER (SPECIFY) <input type="text"/>

15. I, AS AN AUTHORIZED REPRESENTATIVE OF THE MUNICIPALITY, CERTIFY THE INFORMATION CONTAINED IN PART B IS TRUE AND ACCURATE.

*Signature of Municipal Contact*
*MM / DD / YYYY*

**PART C: For PMRS use only.**

REMARKS OR CORRECTIONS: \_\_\_\_\_

PROCESSED BY \_\_\_\_\_ VERIFIED BY \_\_\_\_\_ CKLIST: PMRB-2 \_\_\_\_\_ ADM \_\_\_\_\_

DATE OF CERTIFICATION: 

/ / /

MM DD YYYY



**INSTRUCTIONS**

**General:** This form is to be used to nominate the person or persons to receive any benefit payable from the Pennsylvania Municipal Retirement Fund upon your death. Please refer to the back of this form for detailed instructions.

**SECTION A – DESIGNATION OF PRINCIPAL BENEFICIARY(IES)**

In the event of my death, the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

- (1)  Pay to one person, Estate or Trustee. (If Estate, give Executor's name and address)
- (2)  Pay to more than one person in equal shares with rights to survivor(s).
- (3)  Pay to more than one person absolutely (see instructions).
- (4)  Distribute in designated percentages as shown in "Percent" column.

Percent	Name	Social Security No.	Date of Birth	Sex	Address (Street, City, State)	Zip Code	Relationship to Member

**SECTION B – DESIGNATION OF CONTINGENT (Second) BENEFICIARY(IES)**

In the event of the death of the Principal Beneficiary(ies), the full amount shall be paid as designated below. Check ONE block and list name(s), including first or given name. (See instructions.)

- (1)  Pay to one person, Estate or Trustee. (If Estate, give Executor's name and address)
- (2)  Pay to more than one person in equal shares with rights to survivor(s).
- (3)  Distribute in designated percentages as shown in "Percent" column.
- (4)  Pay to contingent beneficiaries in preferential order. Show 1<sup>st</sup> contingent, 2<sup>nd</sup> contingent, etc., in "Order" column.

Order	Percent	Name	Social Security No.	Date of Birth	Sex	Address (Street, City, State)	Zip Code	Relationship to Member

**SECTION C – DESIGNATION OF A GUARDIAN**

(To be listed if any beneficiary named above is under 18 years of age. A guardian may not be named for a contingent beneficiary if he is also named as a principal beneficiary.)

Name of Guardian	Address	Name of Minor Beneficiary

**SECTION D – CERTIFICATION OF PERSONAL DATA**

EMPLOYEE SIGNATURE	DATE (MONTH, DAY, YEAR)	MUNICIPALITY
EMPLOYEE NAME AND ADDRESS (STREET, CITY, STATE, ZIP CODE)	SOCIAL SECURITY NO.	MUNICIPAL CODE NO.
FORMER NAME (Only if used by you in this System)		
1. WITNESS SIGNATURE	2. WITNESS SIGNATURE	
ADDRESS (STREET, CITY, STATE)	ZIP CODE	ADDRESS (STREET, CITY, STATE) ZIP CODE

### **INSTRUCTIONS**

**General:** This form is to be used to nominate the person or persons to receive any benefit payable from the Pennsylvania Municipal Retirement Fund upon your death. Send all copies of the completed form to the Pennsylvania Municipal Retirement System. The original copy will be retained by PMRS with a copy to you for your records and one to your employer. If you wish to change your beneficiary at a later date, complete a new "Nomination of Beneficiaries" form. The form with the most recent date will be the only one used for settling the account. Earlier ones shall be considered void. **COMPLETE ALL APPROPRIATE SECTIONS.**

**This is a legal document and may not be altered or contain erasures. PRINT IN INK OR TYPE ALL ENTRIES.**

### **SECTION A – PRINCIPAL BENEFICIARY(IES)**

This section **MUST BE COMPLETED IN ALL CASES.** Check one of the blocks at the top of the section and complete the information in the spaces provided. In the section titled "Relationship to Member," please indicate whether this is a Spouse (S), Child (C), Parent (P), or Other (O).

- (1) If you name only one person or your "Estate" or "Trust" to receive the entire amount, check the first block. When the "Estate" is to receive benefits, indicate "Estate" in the name block of Section A and identify the person or institution acting as "Executor" in the address portion of the same line. When the "Trust" is to receive benefits, indicate "Trust" in the name block of Section A and identify the person or institution acting as "Trustee" in the address portion of the same line.
- (2) If you name more than one person, all to share equally with rights to survivors, check Block 2. This means if one of the named beneficiaries predeceases you, the remaining beneficiary(ies) will share equally.
- (3) If you name more than one person, all to share equally and absolutely, check Block 3. This means that if any of the named beneficiaries predecease you, the amount they would have received will go to their Estate.
- (4) If you name two or more persons to share in designated percentages, check Block 4 and list each beneficiary with the specified percentages in the left column. If any designated beneficiary predeceases you, their share will be divided among those remaining according to the ratio of the percentages you indicated.

### **SECTION B – CONTINGENT (Second) BENEFICIARY(IES)**

This section **MUST BE COMPLETED IN ALL CASES.** Check one of the blocks at the top of the section and complete the information in the spaces provided.

### **SECTION C – GUARDIAN**

This section must be completed if any of the named beneficiaries (either Principal(s) or Contingent(s)) is a minor under 18 years of age. Give the complete name and address of each guardian for each minor beneficiary. A guardian may not be named for a contingent beneficiary if he is also named as a principal beneficiary. The guardianship will automatically become void if the beneficiary reaches age 18 before receiving any benefit even though he or she is under 18 when this form is filed.

### **SECTION D – CERTIFICATION/PERSONAL DATA**

All items in this section **MUST BE COMPLETED.** Sign the form in the space provided. Two witnesses are required. A named beneficiary may not be a witness. The witnesses must include their complete addresses.

**THIS FORM WILL NOT BE VALID UNTIL RECEIVED, ACKNOWLEDGED, AND FILED IN PROPER FORM.**