

Membership Application Form 1 – Revised 07/01/2016

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

| First Name: | | MI: Last | Name: | | Gende | er: 🗆 M 🗆 |
|---|-------------------------------|---------------------------|-------------------------|-----------------------|---------------------------|---------------|
| Provide previous name, if appli | icable. First Name: | | MI: | Last Name: | | |
| Social Security No.: | Birth Date | e <i>mm/dd/ccyy</i> : | E- | Mail: | | |
| Mailing Address: | | | City: _ | | State: Zi | p: |
| Phone: | □ Cellular | ☐ Home ☐ Work P | hone: | | □ Cellular □ Ho | me □ Wor |
| Have you previously served on | active duty in the U.S. Armo | ed Forces? If yes, | attach Form(s) DD2 | 214 | |]Yes □ N |
| Have you ever been a member | r of the Optional Retirement | Plan (ORP) for Institut | ions of Higher Learni | ing in the State of M | lississippi? |] Yes □ N |
| Retirement Plan - Plans ar | re governmental defined ben | efit plans qualified unde | er Section 401(a) of th | ne Internal Revenue | Code. Select applicable | plan. |
| ☐ Public Employees' Retireme | ent System of Mississippi (PI | ERS) □ Mississi | ppi Highway Safety | Patrol Retirement S | ystem (MHSPRS) | |
| ☐ Supplemental Legislative Re | etirement Plan (SLRP) | | | | | |
| Family Information – Use | additional Mambarahin Ann | lications if listing mare | than faur danandan | t ahildran Informatio | on in for data mining ato | tuton. |
| benefits only. Use Form 1B, Be | | • | • | Crinaren. Imorriada | on is for determining sta | lulory |
| Marital Status - Select one. Add | d date for last three. □ S | ingle □ Married □ | Divorced □ Widov | ved Effective Date | te <i>mm/dd/ccyy:</i> | |
| Spouse's Full Name | Social Se | Social Security No. | | /dd/ccyy Wed | Iding Date mm/dd/ccyy | Gender |
| | | | | | | _ |
| Dependent Child's Full Name 19, or 23 if unmarried and a full- | | curity No. | Birth Date mm/ | /dd/ccyy Rela | ationship | Gender |
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| Member Certification – If guardianship papers, or other le | • | , | , , | durable power of a | ttorney, conservatorship | or |
| | | | | ъ. | | |
| Member's Signature: | | | | Date <i>mm/</i> | /dd/ccyy: | |
| Employer Certification - | This section must be comp | leted by an authorized | employer representa | ative, not the membe | er. | |
| Member's Position Held/Job | Title: | | Memb | per's Hire Date mm | n/dd/ccyy: | |
| Member's Status: Elected C | Official: □ Yes □ No | Fee Paid Officia | l: □ Yes □ No | Put | olic Safety Employee: D |]Yes □ N |
| Employer Name: | | | Emplo | oyer No.: | | |
| Employer Representative's Nar | me: | Emp | loyer Representative | e's Title: | | |
| Employer Representative's Pho | one: | Fax: | | E-Mail: | | |
| | | | | of DEDC Doord of | Tructore Demulation OF | Eligibility o |
| As employer representative, I of Part-time Employees for State Employees' Retirement System | Retirement Annuity Service | | | | | |