

EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND
 50 Service Avenue, 2nd Floor
 Warwick, RI 02886-1021
 Office (401) 462-7600 Fax (401) 462-7691
 Email: ersri@ersri.org Web Site: www.ersri.org

MEMBERSHIP APPLICATION

Instructions: **PRINT CLEARLY** or **TYPE** in black ink. Have your employer sign page 2, Section B, to certify that you meet eligibility requirements. Mail the completed form to the Employees' Retirement System within 5 days of receipt. Complete all items on this form and put N/A where not applicable. **ALL MEMBERS** must complete a Beneficiary Nomination form.

SECTION A - MEMBER INFORMATION

SOCIAL SECURITY NUMBER		PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD / TAX ID NUMBER AND A COPY OF YOUR BIRTH CERTIFICATE	
FIRST NAME	MI	LAST NAME	
ADDRESS		HOME PHONE	
ADDRESS		BUSINESS PHONE	
ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	PLACE OF BIRTH (CITY & STATE, OR COUNTRY IF OUTSIDE U.S.)		
ARE YOU CURRENTLY RECEIVING BENEFITS FROM ERS or MERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FOR TEACHERS ONLY: ARE YOU PARTICIPATING IN THE TEACHER'S SURVIVOR BENEFITS PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please complete the family information section below)			
ARE YOU A POLICE OFFICER OR FIRE FIGHTER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please complete the Family Information section below)			

FAMILY INFORMATION (Must be completed for Teachers with TSB and Police/Fire members)

Please make a copy of this page if additional space for family information is needed. NOTE: Designation of a beneficiary must be made on the BENEFICIARY NOMINATION FORM. Indicating family members below does NOT designate beneficiary status.

CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
SPOUSE'S NAME	SSN (REQUIRED)	DATE OF BIRTH (mm/dd/ccyy)
DEPENDENT CHILDREN'S NAME		
PARENT'S NAME		

PREVIOUS MEMBERSHIP INFORMATION (To be completed by member)

EMPLOYING AUTHORITY	FROM (mm/dd/ccyy)	TO (mm/dd/ccyy)	REFUND TAKEN
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

MEMBER CERTIFICATION

SIGNATURE OF MEMBER	DATE
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SECTION - B TO BE COMPLETED BY EMPLOYER

CURRENT EMPLOYMENT INFORMATION

DATE EMPLOYED (mm/dd/ccyy)	NAME OF EMPLOYER
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CURRENT POSITION	APPROPRIATION NUMBER (For State Employees Only)	AGENCY CODE
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		CONTRACTUAL SALARY SCHOOL YEAR - TEACHERS CALENDAR YEAR - OTHERS	SCHEDULED HOURS
<input type="checkbox"/> STATE	<input type="checkbox"/> 10 MONTH EMPLOYEE <input type="checkbox"/> 12 MONTH EMPLOYEE		
<input type="checkbox"/> TEACHER # OF DAYS IN SCHOOL YEAR _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> PART TIME -- If Part-Time (1/5, 2/5, 3/5, etc) Indicate % _____ <input type="checkbox"/> LTS		
<input type="checkbox"/> MUNICIPAL	<input type="checkbox"/> 10 MONTH EMPLOYEE <input type="checkbox"/> 12 MONTH EMPLOYEE		
<input type="checkbox"/> POLICE & FIRE	<input type="checkbox"/> 20 YEAR PLAN <input type="checkbox"/> 25 YEAR PLAN		

EMPLOYER CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL MEETS THE STATED REQUIREMENTS FOR MEMBERSHIP IN THE EMPLOYEES' RETIREMENT SYSTEM OF RHODE ISLAND.

AUTHORIZED SIGNATURE	DATE OF SIGNATURE (mm/dd/ccyy)
TITLE	BUSINESS TELEPHONE NO.
	BUSINESS FAX NO.
	EMAIL ADDRESS



BENEFICIARY DESIGNATION

Complete all applicable items on this form; incomplete and unsigned forms will be returned.
For additional information, see instructions at the end.

Please print clearly in black ink.

Section 1 - Member information

First and middle names		Last name		Membership status (check only one)	
<input type="checkbox"/> Member		<input type="checkbox"/> Retiree			
Date of birth (mm/dd/yyyy)	Social Security number (4 last digits only)				

Section 2 - Beneficiary designation for other benefits

To name an OAP beneficiary, you must be an active member with at least ten years of contributory service on or before June 30, 2012 or at least five years of contributory service on or after July 1, 2012.

Person as a beneficiary

First name		MI	Last name		
Address (street number, street name and apartment number)					
City		State	Zip code	Telephone (area code and number)	
Relationship		Social Security number		Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)		OAP election (if vested)		Benefit type	

First name		MI	Last name		
Address (street number, street name and apartment number)					
City		State	Zip code	Telephone (area code and number)	
Relationship		Social Security number		Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)		OAP election (if vested)		Benefit type	



BENEFICIARY DESIGNATION

Person as a beneficiary *(continued)*

First name		MI	Last name	
Address (street number, street name and apartment number)				
City		State	Zip code	Telephone (area code and number)
Relationship		Social Security number		Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit
Beneficiary type (check only one)		OAP election (if vested)		Benefit type

First name		MI	Last name	
Address (street number, street name and apartment number)				
City		State	Zip code	Telephone (area code and number)
Relationship		Social Security number		Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit
Beneficiary type (check only one)		OAP election (if vested)		Benefit type

First name		MI	Last name	
Address (street number, street name and apartment number)				
City		State	Zip code	Telephone (area code and number)
Relationship		Social Security number		Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="checkbox"/> OAP		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit
Beneficiary type (check only one)		OAP election (if vested)		Benefit type



BENEFICIARY DESIGNATION

Organization as a beneficiary

Organization name			
Address (street number and name)			
City	State	Zip code	Telephone (area code and number)
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Benefit category (check only one)		Benefit type	
Organization tax ID #			

Section 3 – Family information (to be completed by Judges, Teachers with TSB, State Police, and Police and Fire members only)

Please make a copy of this page if additional space for family information is needed. Indicating family members below **does not** designate beneficiary status.

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Current marital status (check only one)			

Spouse's information

Name	Social Security number	Date of birth (mm/dd/yyyy)
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Dependent children's information

Name	Social Security number	Date of birth (mm/dd/yyyy)
Name	Social Security number	Date of birth (mm/dd/yyyy)
Name	Social Security number	Date of birth (mm/dd/yyyy)
Name	Social Security number	Date of birth (mm/dd/yyyy)
Name	Social Security number	Date of birth (mm/dd/yyyy)

Parent's information

Name	Social Security number	Date of birth (mm/dd/yyyy)
Name	Social Security number	Date of birth (mm/dd/yyyy)



Employees' Retirement System of Rhode Island

BENEFICIARY DESIGNATION

Section 4 - Member/retiree authorization *(signature must be notarized)*

I, the undersigned, certify that I have read and that I understand the information regarding beneficiary designation available to me as a member or retiree of the Employees' Retirement System of Rhode Island.

_____	M M D D Y Y Y Y
Member/retiree signature	Date of signature

Notarization of member's/retiree's signature *(required)*

_____	_____
State	County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____.

Notary public signature

(SEAL)

Notary name *(print)*

M M D D Y Y Y Y	_____ _____ _____ _____ _____ _____
Date of Commission expiration	Notary phone number <i>(area code and number)</i>

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org



INSTRUCTIONS BENEFICIARY DESIGNATION

General instructions

1. This form is used to name a beneficiary of your retirement account(s) in the event of your death.
2. You may name one or multiple beneficiaries. If you name more than one beneficiary, they will evenly split your benefits at the time of payment.
3. For additional information on naming beneficiaries or about death benefits, please utilize ERSRI's online resources at www.ersri.org.

Purpose of Primary and Contingent designations

1. **Primary beneficiary:** A primary beneficiary is the person who will receive your benefits upon your death. You can name multiple primary beneficiaries, and ERSRI will split your benefit among all named primary beneficiaries.
2. **Contingent beneficiary:** If you have named a primary beneficiary and they predecease you, you can instruct ERSRI to pay a different person in the event of your death. A contingent beneficiary will only receive benefits if all named primary beneficiaries have died. Otherwise, your benefits will be split among the remaining primary beneficiaries.

Purpose of the Benefit type

If you are an active member, ERSRI pays two separate benefits to your beneficiaries at the time of your death. The first is a refund of your contributions, and the second is a death benefit based on your years of service.

1. **Refund benefits:** This refund of your contributions is paid to the beneficiary(ies) as a lump-sum (one-time) payment. To see how to have your beneficiaries paid with an annuity, see section *What is Optional Annuity Protection?* below.
2. **Death Benefit:** This money is paid to named beneficiaries based on your years of service, as recorded by ERSRI. Active ERSRI members are entitled to a death benefit of \$800 per year of service, up to a maximum \$16,000. This amount reduces 25% each year after you retire, down to a minimum \$4,000.

What is Optional Annuity Protection (OAP)?

Optional Annuity Protection is a way to provide your beneficiary with the option of receiving a monthly annuity benefit, rather than a one-time refund of contributions if you die while you are still working (prior to retirement).

1. **OAP eligibility:** Active members with at least ten years of contributing service credit on or before June 30, 2012 or at least five years of contributing services on or after July 1, 2012 are eligible to elect OAP.
2. **OAP beneficiary designation**
 - a. If you have named a spouse or domestic partner (domestic partners will be asked to certify by affidavit that they meet the criteria set forth in state statute) as your beneficiary, he/she is automatically eligible to receive an annuity when you die, even if you do not check the OAP box on this form.
 - b. If you would like a different person to be eligible for an annuity, you must specify it on this form.
 - c. If your OAP beneficiary predeceases you, your benefits will revert to your estate unless you choose a contingent OAP beneficiary.
 - d. OAP is a benefit for active members. An OAP designation is void upon your retirement.
 - e. State police, judicial, general municipal, police & fire members may not elect to have multiple beneficiaries for the OAP benefit.

ATTENTION! If you are a Police/Fire member, marking the OAP election may result in lower benefits to your spouse or domestic partner.

Instructions for selecting an organization as a beneficiary

If you want to add an organization as a beneficiary, then you must give all the necessary information including organization name, benefit category, benefit type and organization tax identification number.



INSTRUCTIONS BENEFICIARY DESIGNATION

Examples for naming beneficiaries

Simple cases – Single beneficiary

If you only wish to name one person as a beneficiary of your retirement account(s), list them as a Primary Beneficiary, and check both the Refund and Death benefit types. This person will receive all of your contributions and death benefits. If the person is your spouse, you do not need to specify the OAP election, since they will automatically be eligible depending on your amount of service. If the person is a child, you may choose to elect them for the OAP. Simply check that box on the form, and your child will have a choice of a lump-sum payment or an annuity upon your death.

Family cases – Multiple beneficiaries

Now assume you have a wife and two children. You may want to specify that all of your benefits be paid to your wife upon your death, but you want to look out for the children in the event that you and your wife die simultaneously.

First, specify your wife as primary beneficiary, and select Refund and Death benefit types. If you die, your wife will receive all of your benefits. Next, list your two children as contingent beneficiaries. Choose whether you want your children to be able to split an annuity or split a lump-sum payment by selecting the OAP column. Next, mark both of your children as recipients of your Refund and Death benefit payments. This will split all of your benefits evenly between them.

Mary	A	Wife	
First name	MI	Last name	
123 Main Street			
Address (street number, street name and apartment number)			
Anywhere	RI	99999	555 555-1212
City	State	Zip code	Telephone (area code and number)
Spouse	1234-56-7890	01 /31/ 1950	
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> OAP	<input checked="" type="checkbox"/> Refund <input checked="" type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	

Johnny	A	Child	
First name	MI	Last name	
123 Main Street			
Address (street number, street name and apartment number)			
Anywhere	RI	99999	555 555-1212
City	State	Zip code	Telephone (area code and number)
Child	1234-56-7890	12 /31/ 1976	
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> OAP	<input checked="" type="checkbox"/> Refund <input checked="" type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	



**Employees' Retirement
System of Rhode Island**

**INSTRUCTIONS
BENEFICIARY DESIGNATION**

Suzie	B	Child	
First name	MI	Last name	
123 Main Street			
Address (street number, street name and apartment number)			
Anywhere	RI	99999	555 555-1212
City	State	Zip code	Telephone (area code and number)
Child	1234-56-7890	01/30/1978	
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> OAP	<input checked="" type="checkbox"/> Refund <input checked="" type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	

Family cases – Special scenarios you can set up with ERSRI

Now, assume that you have a spouse and two children, but you wish to direct your additional death benefit to a charity or funeral home in the event of your death. You want the payment to go directly to the organization whether or not the refund benefit is being paid to the primary or contingent beneficiary.

You set up your spouse as the primary beneficiary but this time, do not check the Death benefit check box. Leave it blank. Next, set up the children as in the previous example, but leave the Death benefit check box blank. Now, in the section for organizations, specify the recipient of the additional Death benefit. Name the organization as primary, specify the Death benefit type, and provide the organization's tax identification number.

Mary	A	Wife	
First name	MI	Last name	
123 Main Street			
Address (street number, street name and apartment number)			
Anywhere	RI	99999	555 555-1212
City	State	Zip code	Telephone (area code and number)
Spouse	1234-56-7890	01/31/1950	
Relationship	Social Security number	Date of birth (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> OAP	<input checked="" type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)	Benefit type	



**Employees' Retirement
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**INSTRUCTIONS
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Johnny		A	Child	
First name		MI	Last name	
123 Main Street				
Address (street number, street name and apartment number)				
Anywhere	RI	99999	555 555-1212	
City	State	Zip code	Telephone (area code and number)	
Child	1234-56-7890		12/31/1976	
Relationship	Social Security number		Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> OAP		<input checked="" type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)		Benefit type	

Suzie		B	Child	
First name		MI	Last name	
123 Main Street				
Address (street number, street name and apartment number)				
Anywhere	RI	99999	555 555-1212	
City	State	Zip code	Telephone (area code and number)	
Child	1234-56-7890		01/30/1978	
Relationship	Social Security number		Date of birth (mm/dd/yyyy)	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	<input checked="" type="checkbox"/> OAP		<input checked="" type="checkbox"/> Refund <input type="checkbox"/> Death benefit	
Beneficiary type (check only one)	OAP election (if vested)		Benefit type	

Organization as a beneficiary

Shady Lane Funeral Chapel				
Organization name				
123 Main Street				
Address				
Anywhere	RI	99999	555 555-1212	
City	State	Zip code	Telephone (area code and number)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Refund <input checked="" type="checkbox"/> Death benefit		99999-9999	
Benefit category (check only one)	Benefit type		Organization tax ID #	