

| I. Employee Information    |   |  |  |
|----------------------------|---|--|--|
| Social Security Number     |   | Name (Last, First, Middle Initial)   |  |
| Date of Birth (mm/dd/yyyy) | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Married |  |
| Mailing Address            |   | City, State, Zip Code  |  |
| Email Address              |   | Daytime Telephone Number   |  |

| II. Reciprocal System Information   |   |   |
|---|---|---|
| Indicate All Reciprocal Systems or Plans in Which You Have Credited Service<br><input type="checkbox"/> None <input type="checkbox"/> ATRS <input type="checkbox"/> ASHERS <input type="checkbox"/> ASPRS <input type="checkbox"/> AJRS <input type="checkbox"/> LOPFI <input type="checkbox"/> Alternate Plan (ex: TIAA-CREF, VALIC, Fidelity) |   |   |
| Has Your Active Membership Ended?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | Have You Withdrawn Accumulated Contributions?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | Are You Receiving a Retirement Annuity?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| If You Participated in an Alternate Plan, Provide the Name of the Employer  |   |   |

| III. Employment Information   |  |  |  |
|---|--|--|--|
| APERS Employer Number   |  | APERS Employer Name                            |  |
| Enrollment Status<br><input type="checkbox"/> Active Member <input type="checkbox"/> DROP Participant <input type="checkbox"/> Retired Member |  |  |  |
| Enrollment Date (mm/dd/yyyy)  | Enrollment Reason<br><input type="checkbox"/> New Hire <input type="checkbox"/> Newly Eligible | If Newly Eligible, Indicate Original Hire Date |  |
| Position  | Planned Monthly Hours  | Hourly Rate                                    |  |

| IV. Enrollment Certifications   |      |
|---|------|
| <p>▪ I acknowledge that I read the <i>Enrolling in the Retirement System</i> publication which explains the membership and enrollment provisions for employees of participating public employers.</p> <p>▪ I certify that the enrollment information provided above is true and complete.</p> |      |
| Employee Signature  | Date |
| Employer Representative Signature   | Date |



# Employee Contributions Beneficiary Designation

124 West Capitol Avenue Suite 400 • Little Rock AR 72201-3700  
Phone: (800)682-7377 • Fax: (501)682-7843 • Website: www.apers.org

| I. Member Information  |                                    |
|------------------------|------------------------------------|
| Social Security Number | Name (Last, First, Middle Initial) |
| Mailing Address        | City, State, Zip Code              |
| APERS Employer Number  | APERS Employer Name                |

| II. Beneficiary Information |                                    |   |
|-----------------------------|------------------------------------|---|
| Social Security Number      | Name (Last, First, Middle Initial) |   |
| Date of Birth (mm/dd/yyyy)  | Relationship                       | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male |

|                            |                                    |   |
|----------------------------|------------------------------------|---|
| Social Security Number     | Name (Last, First, Middle Initial) |   |
| Date of Birth (mm/dd/yyyy) | Relationship                       | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male |

|                            |                                    |   |
|----------------------------|------------------------------------|---|
| Social Security Number     | Name (Last, First, Middle Initial) |   |
| Date of Birth (mm/dd/yyyy) | Relationship                       | Gender<br><input type="checkbox"/> Female <input type="checkbox"/> Male |

| III. Beneficiary Designation Certifications   |      |
|---|------|
| <p>▪ I acknowledge that I read the <i>Designating a Beneficiary for Employee Contributions</i> publication which explains the provisions for designating a beneficiary for my employee contributions.</p> <p>▪ I request the APERS Board of Trustees (Board) to pay the total amount of the accumulated contributions standing to my credit in the System to the person(s) designated above if my death occurs and there is no death-in-service benefit payable. I agree on behalf of myself, heirs and assigns that payment so made be a complete discharge of the claims and constitute a release of the System from any further obligations on account of the benefit.</p> <p>▪ I hereby direct that should I survive the beneficiary, the amount which otherwise would have been payable to the beneficiary be paid according to the provisions of the retirement act or to such other beneficiary as I hereafter nominate by written designation filed with the System in accordance with the rules and regulations prescribed by the Board.</p> |      |
| Member Signature  | Date |
| Employer Representative Signature   | Date |