



Missouri Sheriffs' Retirement System

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Missouri Sheriffs' Retirement System Membership Application

PLEASE PRINT

SHERIFF (MEMBER) INFORMATION

LAST NAME:	FIRST:	MIDDLE:	SOCIAL SECURITY #:	DATE OF BIRTH:
HOME ADDRESS:		CITY:	STATE: MO	ZIP:
HOME TELEPHONE #:	HOME E-MAIL ADDRESS (INDICATE "none", IF NONE):		CELL PHONE #:	
WORK ADDRESS:	CITY:	STATE: MO	ZIP:	WORK TELEPHONE #:
WORK E-MAIL ADDRESS:	DATE OF 1 ST DAY AS SHERIFF:	COUNTY:	ANNUAL SALARY:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

DISIGNATION OF BENEFICIARY FOR RETIREMENT BENEFITS ONLY

Section 57.967 (5) RSMo, states Section 57.967 (5) RSMo, states: "If a member with eight or more years of service dies before becoming eligible for retirement, his surviving spouse, if she has been married to the member for at least two years prior to his death, shall be entitled to survivor benefits under option 1 as set forth in Section 57, 979, as if the member had retired on the date of his death".

Section 57.979 (2) RSMo, states: "Option 1. The actuarial equivalent of the member's normal annuity in reduced monthly payments for life during retirement with the provision that upon the member's death, fifty percent of the reduced normal annuity shall be continued throughout the life of and paid to the member's spouse."

SPOUSE INFORMATION

SPOUSE LAST NAME:	SPOUSE FIRST NAME:	SPOUSE MIDDLE NAME:		
SPOUSE SOCIAL SECURITY #:	SPOUSE DATE OF BIRTH:	SPOUSE CELL PHONE #:	DATE OF MARRIAGE:	
SPOUSE ADDRESS, if different than above:	CITY:	STATE:	ZIP:	

SIGNATURE OF SHERIFF (MEMBER)

By my signature below, in the event of my death, I hereby direct the Board of Trustees of the Sheriffs' Retirement System to pay my retirement benefit, if any, which is provided in Sections 57.967 (5) and 57.969(2) RSMo, to my spouse, as listed above. I certify that the above information is true and correct.

Signature of Member

Date of Signature