ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM (APERS)

MEMBERSHIP DATA FORM (MDF)

Part 1 – To Be Completed By Employee

(If you are a retired member of APERS receiving a monthly annuity benefit, you are <u>not eligible</u> to participate in APERS.)

Please list below the exact name and Social Security Number under which your individual account will be kept by the System. All future transactions with APERS should be made under this name except in case of legal change of name. Use your full legal name. **<u>Do not use nicknames</u>**. If your legal name changes, complete a Change of Name Form and forward it to us.

Last Name **First Name** **Middle Initial** **Social Security No.**

Employed By: ❑State ❑County ❑Municipal ❑Non-State

1. Date of Birth: _____ Sex ❑Male ❑Female
   Month Day Year
2. Home Address: _____
   Street Number or Route Number City County State Zip Code
3. If married, give full name of spouse: _____ Spouse's Date of Birth: _____
4. Other than Social Security, are you retired or have you ever been or will be a member of any other State of Arkansas authorized retirement system other than APERS? If so, list specific dates.

Arkansas Teacher Retirement System	❑Yes	❑No	Dates _____
Arkansas Highway Retirement System	❑Yes	❑No	Dates _____
LOPFI	❑Yes	❑No	Dates _____
Arkansas State Police Retirement System	❑Yes	❑No	Dates _____
Arkansas Judicial Retirement System	❑Yes	❑No	Dates _____
Arkansas District Judges Retirement System	❑Yes	❑No	Dates _____
Alternate Retirement plans (i.e. TIAA, Valic)	❑Yes	❑No	Dates _____

If Yes, list employer _____

5. Have you ever been a member of APERS? ❑Yes ❑No Dates _____ Agency _____
   If YES, give the date(s) and agency('s) worked for. Dates _____ Agency _____
   Dates _____ Agency _____

Signature of Member: _____ Date: _____

Part 2 – To Be Completed By Agency Representative

1. Name of Agency: _____
2. Dept. Number (As shown on earnings report transmitted to this office:) _____ _____ _____ _____ _____
3. Address of Agency: _____
   Street Number or Route Number City County State Zip Code
4. Date of Above Employee's First Day of Work: _____ ❑Contributory. ❑Non-Contributory
   (If the employee was employed in a position covered by APERS and terminated and returned to covered employment within 6 months of said termination, they are eligible to return as a non-contributory member).
5. Job Title: _____

Signature and Title of Agency Rep.: _____ Date: _____

It is understood that, although designated as employee contributions, the contributions are being paid by the employer in lieu of contributions by the employee, and that the employee must NOT be given the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to APERS.

NOTE: We cannot enroll the above employee unless all the information is answered completely and a copy of their social security card (for identification purposes) is enclosed along with a Designation of Beneficiary Form. **REV. 9/2005**