



APPLICATION FOR MEMBERSHIP/INITIAL BENEFICIARY DESIGNATION - JRS

1. Please print or type clearly.
2. Send this form to your Human Resources or Payroll office. **Do not send to Judicial Retirement System (JRS).**

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN:

(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Gender: Male Female Daytime Phone No: (____) _____

Current Position (Circle One) Superior Court Judge District Attorney Juvenile Court Judge
Solicitor State Court Judge Law Department/Legislative Counsel

Previous Retirement Plan (Circle all that apply): ERS TJ&S SCJ DA

SECTION 2 - DESIGNATION OF BENEFICIARY

You should designate a Primary and a Contingent Beneficiary. The Contingent Beneficiary is valid only if *all* of the Primary Beneficiaries are deceased at the time of your death. If naming the Estate as beneficiary, please write "Estate" and do NOT include another individual's name as a part of the Estate designation. You may designate joint beneficiaries who will share and share alike if the following procedure is used.

1. List all beneficiaries under the Primary Beneficiary space (or use a separate sheet of paper and attach to this form).
2. If you wish for joint beneficiaries to share equally, then write in the margin - "To Share and Share Alike." If you wish for joint beneficiaries to receive varying portions, then write the percentage that you wish for them to receive next to each name. The total amount designated must equal 100%.

Primary Beneficiary _____ Relationship _____

Address _____ Date of Birth ____/____/____

Primary Beneficiary _____ Relationship _____

Address _____ Date of Birth ____/____/____

Contingent Beneficiary _____ Relationship _____

Address _____ Date of Birth ____/____/____

Contingent Beneficiary _____ Relationship _____

Address _____ Date of Birth ____/____/____

Member Signature: _____ Date: _____

SECTION 3 - PERSONNEL/PAYROLL USE ONLY

Hire Date: ____/____/____ County: _____ Monthly Salary: _____

Agency Telephone #: (____) - _____ Email Address: _____

HR or Payroll Officer Signature: _____ Date: ____/____/____