

**APPLICATION FOR MEMBERSHIP**  
**Montgomery County Employees' Retirement System**

TO: THE MONTGOMERY COUNTY EMPLOYEES' RETIREMENT BOARD

I hereby apply for membership in the Montgomery County Employees' Retirement System and authorize, empower and direct that the designated percentage of salary, within the framework of the pension law, shall be deducted from my pay, such deductions to be credited as my contributions to the Employees' Retirement Fund.

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Contribution \_\_\_\_\_ %

Address \_\_\_\_\_

Department Number \_\_\_\_\_ Date of Hire \_\_\_\_\_

Please be advised that I order and direct that, in the event of my death, any funds standing to my credit in the Montgomery County Employees' Retirement Fund shall be paid to the following:

|                  |                   |               |              |
|------------------|-------------------|---------------|--------------|
| BENEFICIARY NAME | SOCIAL SECURITY # | DATE OF BIRTH | RELATIONSHIP |
|                  |                   |               |              |
| ADDRESS          | CITY              | STATE         | ZIP CODE     |
|                  |                   |               |              |
| BENEFICIARY NAME | SOCIAL SECURITY # | DATE OF BIRTH | RELATIONSHIP |
|                  |                   |               |              |
| ADDRESS          | CITY              | STATE         | ZIP CODE     |
|                  |                   |               |              |
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|-----------------------------|-------------------|---------------|--------------|
| CONTINGENT BENEFICIARY NAME | SOCIAL SECURITY # | DATE OF BIRTH | RELATIONSHIP |
|                             |                   |               |              |
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|                             |                   |               |              |
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|                             |                   |               |              |
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|                             |                   |               |              |
| ADDRESS                     | CITY              | STATE         | ZIP CODE     |
|                             |                   |               |              |

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

Your Signature \_\_\_\_\_