



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_