

INSTRUCTIONS

Designation of Beneficiary (Form 55) must be completed with this Form 2.

Purpose of this Form: The *Legislative Pension Plan Application for Membership* (Form 2) provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

Instructions for Applicant:

1. Use a pen, print clearly, and provide the information requested, including your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and ZIP code, home telephone number and home email address.
2. Sign and date the form.
3. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth are listed below.
4. It is strongly recommended by the Agency that at the same time you submit your completed *Legislative Pension Plan Application for Membership* (Form 2) to your retirement coordinator that you also submit a completed *Designation of Beneficiary* (Form 55). The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

ACCEPTABLE PROOF OF BIRTH DATE

Attach a photocopy of one of the following as proof of your birth date:

- Unexpired driver's license
- Maryland identification card
- Birth certificates
- Adoption records
- Statement of age card from the county health department or US Bureau of Vital Statistics
- US passport
- Naturalization records
- Census record from the US Bureau of the Census
- Military documentation from any branch of the US Armed Forces
- Certified hospital birth records

NEED HELP?

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.