



Montana Public Employee Retirement Administration
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VOLUNTEER FIREFIGHTERS' COMPENSATION ACT (VFCA) BENEFICIARY DESIGNATION FORM

MEMBER INFORMATION							
Last Name		First Name, MI		SSN			
Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Mailing Address			
City			State		Zip Code		
Phone Number			Email Address				
Entry Date			Fire Company/Fire Service Area/Rural Fire District				
BENEFICIARY DESIGNATION							
Statutory Beneficiaries: Your statutory beneficiary is your spouse to whom you are legally married. If you have no spouse, your dependent children are your beneficiaries. A dependent child is defined as being under 18 years of age and unmarried. - <i>Attach an additional list if necessary.</i>							
Full Name of Spouse		Gender		Birth Date		SSN	
		<input type="checkbox"/> M <input type="checkbox"/> F					
Full Name of Dependent Children (if no spouse)				Birth Date		SSN	
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
				<input type="checkbox"/> M <input type="checkbox"/> F			
REQUIRED SIGNATURES							
Member Signature					Date		

This form must be filed with MPERA before any changes will take effect.