ENROLLMENT FORM

Public School Retirement System of the City of St. Louis
3641 Olive Street, Suite 300 St. Louis, MO 63108-3601
(314) 534-7444

IMPORTANT: Please print or type all entries on this form except required signatures.

SECTION 1 – MEMBER INFORMATION

NAME (LAST, FIRST, MI) | HOME TELEPHONE NUMBER | SOCIAL SECURITY NUMBER

STREET ADDRESS | DEPARTMENT

CITY/STATE/ZIP | POSITION

DATE OF BIRTH | ☐ MALE ☐ FEMALE | DATE OF EMPLOYMENT | NAME OF WORK LOCATION

Are you currently receiving benefits from the Public School Retirement System of the City of St. Louis (PSRSSTL)? ☐ Yes ☐ No

Have you ever been a member of the PSRSSTL? ☐ Yes ☐ No If "yes", please provide the following information:

Date of First employment _____ Date of Last Separation of Employment _____

Did you take a refund of your member contributions after separating from employment? ☐ Yes ☐ No

If "yes", when did you take the refund of your member contributions? _____

SECTION 2 – BENEFICIARY INFORMATION

I UNDERSTAND THAT THE FOLLOWING BENEFICIARY DESIGNATION IS MADE PURSUANT TO THE STATUTES OF THE STATE OF MISSOURI AND THE RULES AND REGULATIONS OF THE RETIREMENT SYSTEM IN EFFECT ON THE DAY OF MY DEATH. I FURTHER UNDERSTAND THAT I CAN CHANGE MY BENEFICIARY DESIGNATION AT ANY TIME BY FILING A NEW DESIGNATION FORM WITH THE RETIREMENT SYSTEM.

PRIMARY BENEFICIARY(IES)

NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP

STREET ADDRESS | CITY | STATE | ZIP CODE

CONTINGENT BENEFICIARY(IES)

NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME (FIRST, MIDDLE, LAST) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | RELATIONSHIP

STREET ADDRESS | CITY | STATE | ZIP CODE

SECTION 3 – MEMBER'S SIGNATURE

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS ENROLLMENT FORM IS TRUE AND COMPLETE.

MEMBER'S SIGNATURE | DATE

SECTION 4 – EMPLOYER USE ONLY

THE UNDERSIGNED CERTIFIES, ON BEHALF OF THE EMPLOYER, THAT HE/SHE HAS REVIEWED THE INFORMATION PROVIDED HEREIN AND CONFIRMS THAT THE INFORMATION IS CORRECT OR HAS BEEN REVISED ACCORDING TO AVAILABLE EMPLOYER RECORDS.

MEMBER'S ANNUAL COMPENSATION | SIGNATURE

EMPLOYER | TITLE AND DATE