

## **Active Member Information Form**

Member Information					
Full Name:	Last		First		M.I.
Address:	Street Address				Apartment/Unit #
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Home Phone:	City	Alternate Phone:		State	ZIP Code
Date of Birth: Serial Number:					
Spouse and Dependant Information					
Spouse's Name:  Last First					
Date of Birth: Date of Marriage:			ge:		
Names of Dependant Children:				es of Birth:	
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Beneficiary Information  If no benefits are otherwise payable to a surviving spouse or child of a deceased member, the member's accumulated contributions, if any remain, shall be paid in a lump sum to a named beneficiary or if none to the member's estate.					
Full Name:					
Last First Address:			First		<i>M.I.</i>
Street Address			1	[	Apartment/Unit #
	City		,	State	ZIP Code
Primary Phone: Alternate Phone:					
Relationship:					
Date Signed:		Member's Signature:			