



MERS IRA (Individual Retirement Account) Application

1. Account Type

A separate form must be completed by each applicant for each type of account.

- Traditional MERS IRA
 Roth MERS IRA

2. Applicant Information

Last name*		First name*		MI	Full SSN*	
Mailing address - number and street*				City*		State*
						Zip code*
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address		Phone number (with area code)		Date of birth (mm/dd/yyyy)*

3. MERS Qualifying Employer Information

Name of MERS Employer

- I am an employee (or former employee) of the above MERS employer
 I am the spouse (filing jointly) of an employee (or former employee) of the above MERS employer.
 (NOTE: An employee must establish a MERS IRA before spouse is eligible)
 Qualifying employee's name: _____, Full SSN _____

4. Primary Beneficiary

I designate the following person(s) as Primary Beneficiary(ies) of my account if I should die prior to the payout of my account.

Name of Primary Beneficiary*	Relationship to me*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

To add more beneficiaries, please attach a separate list that you have signed and dated.

Must be whole numbers that equal 100%

5. Contingent Beneficiary

In the event there is no living Primary Beneficiary(ies) at my death, I designate the following as Contingent Beneficiary(ies) of my account.

Name of Contingent Beneficiary*	Relationship*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

To add more beneficiaries, please attach a separate list that you have signed and dated.

Must be whole numbers that equal 100%

6. Signature

My signature acknowledges that I have received, read, understand, and agree to this *MERS IRA Enrollment Application* and affirms that all information I have provided is true and correct. I have read and understand all [Disclosures](#) detailing the general program features, the investment options offered, and any administrative charges and fees which may be deducted from the account(s) maintained on my behalf. I understand that my rights under the program shall be governed by the terms and conditions of the MERS Plan Document pursuant to all applicable state and federal laws, rules and regulations.

I understand that my contributions will be placed in an age-appropriate Retirement Strategies investment fund. Once enrolled, I can make changes online or by phone.

Data collected on this form will be used for MERS business purposes only.

Signature*	Date (mm/dd/yyyy)*
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SEE PAGE 2 FOR NEXT STEPS

What's
Next?

1 Submit your application to:

You can submit this form online! 

If you already have a myMERS account, you can also upload this form online. Look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement and Benefits
P.O. Box 64535
St. Paul, MN 55164

2 Funding Your Account

After your application has been processed, you will receive a **confirmation** and instructions necessary to fund your account.

MERS Helps You Become Retirement Ready

myMERS online account offers you a secure login that connects you to your account information, calculators, webinars, and other resources to help you stay on the right retirement track. Visit our website today at www.mersofmich.com.

MERS Service Center is available to assist you with your questions. Representatives are available Monday – Friday from 8:30 a.m. – 5:00 p.m. at **800.767.MERS (6377)**.

Free, local events called Pizza & Planning, are held throughout the state during the year. The topics of these events can provide important information to help you prepare for retirement. You can sign up for these events by visiting the MERS website.

