



THIS FORM INCLUDES PERSONAL AND CONFIDENTIAL INFORMATION

Designation of Agent

(Complete *only if naming an agent to manage your MOSERS benefits*)

Please print. • See reverse side for instructions.

SECTION A - PERSONAL INFORMATION

Social Security Number or Member ID	Date of Birth	
Name (last/first/middle)		
Mailing Address (PO or street/city/state/zip)		
Primary Phone	Alternate Phone	Alternate Phone
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address		

SECTION B - AGENT DESIGNATION

The agent named below will act for me (under the provisions of Section 104.1093 RSMo.) with the authority to apply for and receive benefits on my behalf as provided by or through MOSERS. Agent(s) must be at least 18 years old.

Agent

Name (last/first/middle)	
Mailing Address (PO or street/city/state/zip)	
Primary Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<i>Questions regarding agent powers are required and MUST be answered.</i>	
1. Do you want the agent above to be able to designate or change beneficiaries applicable to your MOSERS benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip #2 & 3)
2. If you answered yes to the preceding question, can your agent designate himself/herself as beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip #3)
3. If your agent can designate himself/herself as beneficiary, can your agent designate himself/herself as SOLE beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the agent listed above cannot or will not act, the successor agent named below will have the authority to apply for and receive benefits on my behalf as provided by or through MOSERS. Agent(s) must be at least 18 years old.

Successor Agent (Optional)

Name (last/first/middle)	
Mailing Address (PO or street/city/state/zip)	
Primary Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<i>Questions regarding successor agent powers are required and MUST be answered.</i>	
1. Do you want the agent above to be able to designate or change beneficiaries applicable to your MOSERS benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip #2 & 3)
2. If you answered yes to the preceding question, can your agent designate himself/herself as beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip #3)
3. If your agent can designate himself/herself as beneficiary, can your agent designate himself/herself as SOLE beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C - APPLICANT SIGNATURE

This designation of agent shall become effective upon a physician determining that I am disabled or incapacitated and communicating that determination to MOSERS in writing. The authority of my above agent(s) shall not terminate if I become disabled or incapacitated. I acknowledge and understand that the responsibility for my agent's decisions regarding the proper application and use of my benefits, as provided by or through MOSERS or any beneficiary designation made by my agent, is a matter exclusively between me and my above agent(s). MOSERS shall not be liable to me, my estate, any beneficiary of my estate or any third party, with regard to any payment made in good faith. I revoke all prior designation of agent forms that I may have previously executed. I understand that this designation of agent form cannot be revoked in the future unless I provide written notice to MOSERS of such revocation.

Signature	Date
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Instructions for Completing

Designation of Agent

The *Designation of Agent* form allows you to choose who will be responsible for managing your MOSERS benefits if you become incapacitated or disabled. MOSERS recommends that you complete and submit this form, but it is optional. If you choose to complete this form, be sure to answer **all questions which apply**, sign and date the form and submit it to MOSERS. Steps for completing this form are outlined below.

1. Complete Section A.
2. Complete the designation information for your agent and successor agent in Section B. Choose the level of power your agent and successor agent will have. You must check 'yes' or 'no' to question 1 and answer questions 2 & 3 accordingly. Contact MOSERS if you do not understand.
 - This form does **not** give your agent broad powers like those usually found in a durable power of attorney, it relates only to your MOSERS benefits. If you are interested in giving your agent broad powers, please consult with an attorney who can advise and help you prepare a durable power of attorney. Please also give your attorney a copy of this form when preparing a durable power of attorney or any other estate planning documents.
 - Naming a successor agent is optional.
3. Sign and date Section C.
 - MOSERS will recognize your agent regarding the distribution of benefits after your agent submits a physician's statement notifying MOSERS in writing that you are disabled or incapacitated. In the event your agent cannot or will not perform these duties, MOSERS will look to your successor agent for instructions (if you have appointed a successor agent).
4. Return completed form to MOSERS **only if** you elect to designate an agent to manage your MOSERS benefits.
 - If you have any questions regarding how to complete this application, please contact MOSERS at (573) 632-6100 or (800) 827-1063.