SOVERNMENT EMPLOYEES RETIREMENT SYSTE



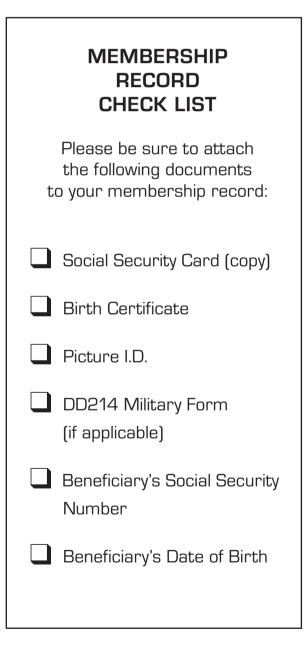
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MEMBERSHIP RECORD

To constitute a permanent record of the Employees Retirement System of the Government of the Virgin Islands and to be used in establishing the rights, privileges and benefits of employees participating in the System. The information to be given on this form is strictly confidential and is only for the use of the Retirement System. Please observe carefully the following instructions in completing this record.

INSTRUCTIONS:

- 1. Please **complete** and **print** all information on the form.
- 2. State your full name. Do not use initials. A married woman should give her full maiden name as well as her married name.
- 3. No prior service credit can be granted until this form is completely filled out and filed with the System. When dates upon which employment began or was terminated cannot be given exactly, give the approximate date – for example, as "about September 1934"; or when the month is unknown "about 1921".
- 4. Include in the statement concerning prior service only the time during which you were actually employed by and were receiving pay from the Government or from the Federal Government in the Virgin Islands. Also exclude service for contractual work for the Government.
- 5. You may designate more than one person to be your beneficiary.



MEMBERSHIP RECORD

TO: BOARD OF TRUSTEES EMPLOYEES RETIREMENT SYSTEM OF THE GOVERNMENT OF THE VIRGIN ISLANDS

In order that my status in the Employees Retirement System of the Government of the Virgin Islands may be properly determined, I submit the following information:

PERSONAL DATA

1. Name				
	(First)	(Middle)		(Last)
	(Maiden Name, if married woman)			
Employee No:		Male 🔄	Female 🖵	
Physical Address:				
Mailing Address:				
Work No.				
Home No.				
Cell No.				

NOTE: Send notice to the System **AT ONCE** of any change of address so that the Board may be able to communicate with you whenever necessary. This is extremely important.

2. Social Security No.	Date of Birth		Current Age	Place of Birth	
,	Month	Day	Year	5	(Specify town and state or foreign Country)
Single		Marrieo	b		Widowed Divorced

3. FAMILY DATA

Members of Family	Name	Gender	Date	of Birth	Social Security Number		
Your Husband or Wife							
Children	1.						
	2.						
	3.						
	4						
	5.						
	6.						
	Father's Name				Alive Deceased		
	Mother's Name				Alive Deceased		
Certificate?	orinted record showing your date of bir ies 🔲 No e submit copy to System		a Birth (Certificate, I	Passport or Naturalization		
			-	Document Nar			
If the answer is "No", please	take steps at once to obtain such a re	cord since	it will be i	required as	additional proof of your age.		
SERVICE DATA							
5. Name of Department in v	vhich now employed:						
6. Title of your present posit	ion:						
7. Present Rate of Pay: (without maintenance)	Bi-weekly \$				Per Annum \$		
Present Rate of Maintenance (if any)							
Nature of Maintenance Allow	wance:						
8. Date when employment ir	n any Government Department began:		(m m)		(d d) (y y y y)		

9. List below all periods of employment in any department of the government, including service compensated on a "Per diem" or hourly basis, prior to the date stated in answer to Question 8; including also service in the Federal Government of the Virgin Islands.

(Start with most recent employment)

Name of Department in which employed:	Title of Position	Rate o		An	Date of pointment	t	Date of Termination		
(use separate line for each title)	(use separate line for each title)	Amount	Basis Per Hour Month, Etc.	Month	Day	Year	Month	Day	Year
10. Do you intend to rep regaining former se	bay retirement refunds previ ervice credit?	ously receiv	ed from the	Retireme	ent System	n thereby		🔲 Yes	🔲 No

CERTIFICATION:

I HEREBY CERTIFY that the answers to questions 1 to 9 are true to the best of my knowledge, information and belief.

(Date)

(Signature of Employee)

NOTE: Please name a beneficiary to receive the death benefits by completing the form on the next page.

DESIGNATION OF BENEFICIARY

Active	Retiree		Employee No	
Social Security	No		Telephone No	
In accordance	with the provisions of the la	w governing the Employees Retireme	nt System of the Government	of the Virgin Islands,
l,			, designate the following	as my beneficiary or
beneficiaries ir	n the event of my death:			
(1)	(Print Name in full)			
		(Beneficiary's date of birth)	(Beneficiary's SSN)	(Relationship)
(2)	(Print Name in full)	(Beneficiary's date of birth)	(Beneficiary's SSN)	(Relationship)
(3)	(Print Name in full)	(Beneficiary's date of birth)	(Beneficiary's SSN)	(Relationship)
whose address i	S:			
[4]	(Print Name in full)	(Beneficiary's date of birth)	(Beneficiary's SSN)	(Relationship)
whose address is	S:			
In the event the	e foregoing named person(s) o	lo not survive me, my beneficiary shall b	De:	
[1]	(Print Name in full)	(Beneficiary's date of birth)	(Beneficiary's SSN)	(Relationship)
whose address i	S:			

If more than one beneficiary is named, the benefit is to be paid equally or on the survivor basis. Any prior designation of beneficiary filed by me is hereby revoked.

If the beneficiary or beneficiaries herein nominated shall not survive me and no other written nomination shall have been filed by me with the System, then the beneficiary shall be in the order named: (a) my spouse; (b) my children and descendants thereof by representation; or (c) my parents.

The system is hereby requested and directed to make this designation a part of my Membership Record.

Continued on the reverse side

I reserve the right to change my beneficiary at any time by filing with the Board of Trustees of the Employees Retirement System of the Government of the Virgin Islands, written notice of such change, duly acknowledged before a Notary Public.

Signature of Member

Address

City, State, Zip

Territory of the U.S. Virgin Island District of	5 } } ss:
On thisday of	, before me personally appeared,
known to be the individual whose	named is subscribed in the foregoing instrument and acknowledge that
executed the same as	free and voluntary act.
Notary Public	