

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

**FORM 4.1 DESIGNATION OF BENEFICIARY
MUST BE COMPLETED WITH THIS FORM 3**

Special Note: Electronic signatures created with either Adobe Sign or DocuSign applications are acceptable on this form during the state of emergency and catastrophic health emergency declared by the Governor of Maryland on March 5, 2020. Forms submitted with electronic signatures must be accompanied by a “Final Audit Report” (if created in Adobe Sign) or a “Certificate of Completion” (if created in DocuSign).

Purpose of this form: This form is your application for membership in the State Retirement and Pension System of Maryland.

When complete, keep a copy of this form for your records. Send the original to your Retirement Coordinator with proof of your birth date.

ACCEPTABLE PROOF OF BIRTH DATE

Attach a photocopy of one of the following as proof of your birth date:

- Unexpired driver's license
- Maryland identification card
- Birth certificates
- Adoption records
- Statement of age card from the county health department or US Bureau of Vital Statistics
- US passport
- Naturalization records
- Census record from the US Bureau of the Census
- Military documentation from any branch of the US Armed Forces
- Certified hospital birth records

NEED HELP?

If you need help to complete this form, call the Maryland State Retirement Agency at 410-625-5555 or toll-free 1-800-492-5909.