

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM

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

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.