



**Municipal Employees' Retirement System of Michigan**  
 1134 Municipal Way • Lansing, MI 48917  
 800.767.MERS (6377)  
 www.mersofmich.com

**Submitting this form:**  
 When you have completed this form,  
 please email it to your MERS Benefit  
 Plan Advisor or mail it to MERS.

## Customer Contact Form – RHFV Investment Contact ONLY

**This form is for employers with RHFV** (who have submitted a Uniform Resolution acknowledging their acceptance of fiduciary responsibility for investing their assets in compliance with PERSIA) to ensure communications are sent to the appropriate staff in your organization. Items required are checked and disabled. A full list of preferences and definitions can be found in this [user guide](#).

\* Required field • Please print • Keep a copy for your own records

### 1. Municipality identification

Municipality name*	County*
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### 2. Contact information

#### RHFV Investment Contact

Name*	Position Title*	Business Email*
Business Phone*	Mobile Phone	Address:* <input type="checkbox"/> Primary <input type="checkbox"/> Alternate

Has Access To:  
 RHFV Investment Portal

Responds To Questions About:  
 Financial Information    Plan or Benefit Changes    Account Check-In    New Product Opportunities

Receives Communication For:  
 CEO News    Municipal Matters    Statement Alerts (Employer Directed)    Year-End Financial Reminders  
 MERS Investment Menu Updates    Annual Conference

### 3. Approval

MERS is committed to respecting and protecting the privacy of its members, retirees, beneficiaries, and participating employers. For this reason MERS staff will not give out any information on your employees unless they are on this contact form.

MERS uses all the administrative, procedural, physical, and electronic safeguards required to keep your valuable information safe from foreseeable threats and unauthorized use. MERS is constantly working to update and improve these safeguards to better serve you and provide you with security, now and in the future.

MERS collects only the information necessary to administer the system and its benefits for the exclusive benefit of its members, retirees, beneficiaries and participating employers. We are dedicated to protecting personal information from unauthorized use and take every reasonable precaution to safeguard such information. We recommend that you encourage your employees and retirees to review statements and confirmations for accuracy.

Authorized by (Primary Contact or Chair of Governing Entity must sign)	Date (mm/dd/yyyy)
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