



# MERS IRA (Individual Retirement Account) Application

## 1. Account Type

A separate form must be completed by each applicant for each type of account.

- Traditional MERS IRA
  Roth MERS IRA

## 2. Applicant Information

Last name*		First name*		MI	Full SSN*	
Mailing address - number and street*				City*		State*
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female				Email address		Phone number (with area code)
						Date of birth (mm/dd/yyyy)*

## 3. Qualifying Employer Information

Name of Municipality in Michigan

- I am an employee (or former employee) of the above municipal employer  
 I am the spouse (filing jointly) of an employee (or former employee) of the above municipal employer.  
 (NOTE: An employee must establish a MERS IRA before spouse is eligible)  
 Spouse only, include qualifying employee's name: \_\_\_\_\_, Full SSN \_\_\_\_\_

## 4. Primary Beneficiary

I designate the following person(s) as Primary Beneficiary(ies) of my account if I should die prior to the payout of my account.

Name of Primary Beneficiary*	Relationship to me*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

To add more beneficiaries, please attach a separate list that you have signed and dated. Must be whole numbers that equal 100%

## 5. Contingent Beneficiary

In the event there is no living Primary Beneficiary(ies) at my death, I designate the following as Contingent Beneficiary(ies) of my account.

Name of Contingent Beneficiary*	Relationship*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

To add more beneficiaries, please attach a separate list that you have signed and dated. Must be whole numbers that equal 100%

## 6. Signature

My signature acknowledges that I have received, read, understand, and agree to this *MERS IRA Enrollment Application* and affirms that all information I have provided is true and correct. I have read and understand all [Disclosures](#) detailing the general program features, the investment options offered, and any administrative charges and fees which may be deducted from the account(s) maintained on my behalf. I understand that my rights under the program shall be governed by the terms and conditions of the MERS Plan Document pursuant to all applicable state and federal laws, rules and regulations.

I understand that my contributions will be placed in an age-appropriate Retirement Strategies investment fund. Once enrolled, I can make changes online through my secure myMERS account at [www.mersofmich.com](http://www.mersofmich.com).

Data collected on this form will be used for MERS business purposes only.

Signature*	Date (mm/dd/yyyy)*
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SEE PAGE 2 FOR NEXT STEPS

What's  
Next?

**1** Submit your application to:

You can submit this form online! 

If you already have a myMERS account, you can upload this form online. Look for the **File Upload** feature in the top navigation to easily and securely submit completed forms.

Don't have a myMERS account? You can mail completed form to MERS' recordkeeper at:

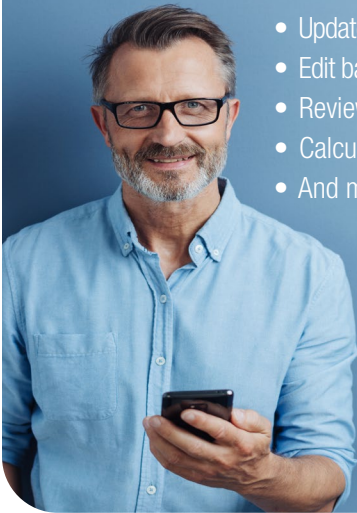
**Alerus Retirement and Benefits**  
P.O. Box 64535  
St. Paul, MN 55164

**2** Funding Your Account

After your application has been processed, you will receive a **confirmation** and instructions necessary to fund your account.

Welcome to the myMERS app

- View account balance
- Access statements and tax forms
- Update beneficiaries
- Edit banking details
- Review contributions
- Calculate estimates
- And more



Scan Me

**MERS keeps you connected:**

There are a variety of ways to connect with MERS and get the information you want:

- [www.mersofmich.com](http://www.mersofmich.com)
- [myMERS](#) online account access
- Service Center **800.767.6377**
- Quarterly Statements
- Follow [MERS of Michigan on Facebook](#)
- [Webinar events](#)
- A gallery of [video education](#)
- [1-on-1 Scheduler](#) to speak directly with a MERS retirement expert

You may receive information from *Alerus Financial*, which has partnered with MERS to provide trading and custodial services for several of our plans, as well as banking services.