

JRB Enrollment Form

Please complete this application by adding any missing information, completing the Beneficiary Designations, choosing your initial Account Options, and signing and dating the application.

Return this form in the envelope provided or to : **Joint Retirement Board, One Penn Plaza, Suite 1515, New York, NY 10119.**

I. Participant Information

Name: _____ S.S. #: _____
 Address: _____ Date of Birth: _____
 City: _____ State: ____ Zip: _____ Spouse's Name: _____
 Telephone: _____ Cell Phone: _____ Spouse's Birth Date: _____
 Affiliation: CA JEA NAASE RA None JTS/Ziegler Graduation Date: _____
 e-mail: _____
 Mother's Maiden Name: _____

II. Employment Information

Job Title: _____ Work Phone: _____
 Employer Name: _____ Work Fax: _____
 Address: _____
 City, State, Zip: _____

III. Beneficiary Designations

Please print the names of your beneficiaries and provide their relationship to you, their dates of birth and phone numbers. Make sure you indicate percentages for each beneficiary and that beneficiary types each total 100%.

Your primary beneficiary(ies) will receive your plan assets upon your death. Your contingent beneficiary(ies) will receive your plan assets if your primary beneficiary predeceases you, passes away at the same time as you or disclaims the inheritance.

Spousal Consent: _____ (Required for married account holders when spouse is not the Primary Beneficiary)
 Signature of Spouse

Name	Relationship	Primary Beneficiary(ies)		
		Date of Birth	Phone Number	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Relationship	Contingent Beneficiary(ies)		
		Date of Birth	Phone Number	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please complete and sign the other side

