



**Manchester Employees' Contributory Retirement System**  
**1045 Elm Street – Suite 403**  
**Manchester, NH 03101-1824**  
**ENROLLMENT FORM – & (Substitute W-9)**

**The completion of this application must be witnessed and signed by an employer representative. A copy of the member's birth certificate must also accompany this form.**

Name: \_\_\_\_\_ Gender – M or F circle one

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# - - Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone# ( ) - Department: Position:

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I elected as my **Primary** Beneficiary(s)

Name:	Relationship:
Address:	
Birth Date:	Social Security Number:

Name:	Relationship:
Address:	
Birth Date:	Social Security Number:

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I elected as my **Contingent** Beneficiary(s)

Name:	Relationship:
Address:	
Birth Date:	Social Security Number:

Name:	Relationship:
Address:	
Birth Date:	Social Security Number:

I hereby apply for membership in the Manchester Employees' Contributory Retirement System, authorize the deduction from my earnings for the contributions required of me under the Retirement System Plan, and I further certify under the penalty of perjury that my social security number is correct, that I am not subject to backup withholding due to failure to report interest and dividend income and that I am a U.S. person.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness by employer representative:** I hereby attest that the above person, known to me, has endorsed this document. Printed name of Witness: \_\_\_\_\_ Signature: \_\_\_\_\_