



Manchester Employees' Contributory Retirement System
1045 Elm Street – Suite 403
Manchester, NH 03101-1825

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 __

Address: _____

City, State, Zip Code: _____

Date of Birth: ___/___/___ SS# ___-___-___ Date of Hire: ___/___/___

Home Phone# () - Department: Position:

I elected as my Primary Beneficiary(s)

Name:	Relationship:
Address:	
Birth Date: ___/___/___	Social Security Number: ___-___-___

Name:	Relationship:
Address:	
Birth Date: ___/___/___	Social Security Number: ___-___-___

I elected as my Secondary 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, know to me, has endorsed this document . Printed name of Witness: _____ Signature: _____
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