

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
FORM 502 – PERSONNEL RECORD**

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.  
**THE DEPARTMENT MUST HAVE A CERTIFICATE OF PHYSICAL FITNESS ON FILE FOR THE FOLLOWING MEMBER.**

<b>DEPARTMENT NAME</b>				
<b>1. MEMBER INFORMATION:</b>				
NAME (Last, First, MI)		SOCIAL SECURITY NO		
MAILING ADDRESS		DATE OF BIRTH		
CITY STATE ZIP		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
PHONE NO		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE		
EMAIL ADDRESS				
<b>2. SERVICE INFORMATION:</b>				
<b>MEMBER ENTRY DATE INTO THE DEPARTMENT</b>				
<b>MEMBER ENTRY DATE INTO THE PENSION SYSTEM</b>				
<b>CERTIFICATION OF PHYSICAL FITNESS (DATE ACCEPTED BY LOCAL BOARD)</b>				
<b>3. PRIOR SERVICE INFORMATION:</b>				
ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN TESRS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTMENT NAME:
<b>4. PRIMARY BENEFICIARIES: (If married and designating any beneficiary other than spouse, complete Spousal Consent below.)</b>				
<b>NAME (Last, First, MI)</b>	<b>SOCIAL SECURITY NO</b>	<b>RELATIONSHIP</b>	<b>LUMP SUM DEATH % (MUST EQUAL 100%)</b>	<b>DATE OF BIRTH</b>
<b>5. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)</b>				
<b>NAME (Last, First, MI)</b>	<b>SOCIAL SECURITY NO</b>	<b>RELATIONSHIP</b>	<b>LUMP SUM DEATH % (MUST EQUAL 100%)</b>	<b>DATE OF BIRTH</b>
<b>6. MEMBER'S SIGNATURE:</b>				
<b>BY MY SIGNATURE, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.</b> I acknowledge that the above beneficiary designations revoke all previous beneficiary designations and any lump sum death benefits due be paid to the person(s) named above at the percentages I have assigned.				
<b>X</b>				DATE OF SIGNATURE
<b>7. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:</b>				
<b>ONLY COMPLETE THIS SECTION IF YOU ARE MARRIED AND DESIGNATING ANY BENEFICIARY OTHER THAN YOUR SPOUSE</b>				
<b>MEMBER:</b> By my signature, I certify that I am married to the individual named below:				
<b>NAME:</b>		<b>DATE OF BIRTH:</b>		<b>SOCIAL SECURITY NO</b>
<b>X</b> MEMBER:				DATE OF SIGNATURE
<b>SPOUSE:</b> By my signature, I certify that I am married to the member named above. I give my consent to the beneficiary designations made by my spouse as delineated above.				
<b>X</b> SPOUSE:				DATE OF SIGNATURE
<b>8. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY</b>				
By my signature, I certify that the member named above is personally known to me to be the person whose name is subscribed within this instrument and that the member named above indicated to me that this instrument was executed for the purposes herein expressed.				
<b>BOARD OFFICER'S SIGNATURE</b>	<b>BOARD OFFICER'S PRINTED NAME</b>	<b>BOARD OFFICER'S TITLE</b>	<b>DATE OF SIGNATURE</b>	
<b>X</b>				