

**CITY OF PONTIAC, MICHIGAN  
POLICE AND FIRE RETIREMENT SYSTEM**

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**VITAL INFORMATION FORM**

**MEMBER INFORMATION** *(Please Print)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

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

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

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

Social Security Number: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

Marital Status: (please circle one) Single Married Divorced Widowed

Date of Marriage/Divorce/Legal Separation (if applicable): \_\_\_\_\_

Current Status: (please circle one) Retired Disabled Surviving Spouse Vested Deferred Alternate Payee

Date of Current Status (from above): \_\_\_\_\_

**SPOUSE INFORMATION – If Applicable** *(Please Print)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

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

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

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

Social Security Number: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female

**SIGNIFICANT CONTACT OTHER THAN SPOUSE INFORMATION** *(Please Print)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

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



Who, if anyone has Durable Power of Attorney over your Estate: *(Please provide a copy of paperwork)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

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

*I agree to notify the Fund Office within 30 days of any changes to the above information. Further, I declare all the above information to be complete and correct. I understand that stating false or misleading information or the omission of material information could be grounds for denial of benefits.*

\_\_\_\_\_  
**MEMBER SIGNATURE**

\_\_\_\_\_  
**Date**