



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
www.wvretirement.com

**Municipal Police Officers  
and Firefighters  
Retirement System (MPFRS)**  
**Insurable Interest Affidavit**

**Member or Retiree Information**

Member or Retiree Full Name

CPRB ID

*This form must be completed by members of the WV Municipal Police Officers and Firefighters Retirement System ("MPFRS") who wish to nominate a person as the member's beneficiary for any annuitized benefit under the MPFRS plan in all cases in which the beneficiary is not related to the member by blood or by marriage. The form should be completed by the member wishing to make such nomination, signed in the presence of a Notary Public, and returned to the Consolidated Public Retirement Board at the address above.*

I, \_\_\_\_\_, a member of the WV Municipal Police Officers and Firefighters Retirement System ("MPFRS"), have, on forms provided to me and approved by the Consolidated Public Retirement Board, nominated the following individual as my annuity beneficiary for pre-retirement and/or retirement purposes:

Designated Beneficiary's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

I do hereby swear and affirm that such individual has an insurable interest in my life. I understand that state law provides that "insurable interest" exists when a named beneficiary is related to a plan participant either from the ties of blood or marriage, or where the named beneficiary has a legal claim upon the participant for service or support from the personal relationship between them, and where the named beneficiary has a reasonable right to expect some pecuniary advantage from the continuance of the participant's life.

I offer the following evidence to demonstrate that the individual whom I have nominated as my retirement system beneficiary possesses an insurable interest in my life:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: In order for insurable interest to exist between non-relatives on the basis of the existence of a legal claim for service or support where the named beneficiary has a reasonable right to expect some pecuniary advantage from the continuance of the participant's life, evidence must demonstrate the existence of at least one or more of the following factors: joint ownership of real estate, joint banking accounts, the existence of a court order of support, or other legal evidence of financial obligations of service or support of the participant for the named beneficiary. The Board retains the discretion to deny any nomination of beneficiary which it finds does not satisfy the required legal standard.)*

Signature of Participant \_\_\_\_\_ Date Signed \_\_\_\_\_

Notary Public Certification

STATE OF \_\_\_\_\_;  
COUNTY OF \_\_\_\_\_, to-wit:

I, \_\_\_\_\_, a Notary Public in and for the state and county as aforesaid, do hereby certify that \_\_\_\_\_ did sign his/her name to the foregoing "Affidavit Affirming Existence of Insurable Interest" before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_