

Beneficiary Designee Selection Form
DROP **Final Payment** **Both**



DALLAS
POLICE & FIRE
PENSION SYSTEM



I wish to designate the following person(s) as my beneficiaries. If all primary beneficiaries (designees) are deceased, or otherwise deemed ineligible, any benefits payable will be divided among my surviving contingent beneficiaries based on the designated percentage(s). If you are married your spouse must consent to naming someone else a primary beneficiary. If I am unmarried and do not designate a beneficiary, my beneficiary will be determined according to the laws of the state in which I live, which I understand may be a more costly process for my heirs.

Member's Name _____

Member's last 4 digits of SS# _____

Address _____

Phone Number _____

Are you currently married?

Police Department Fire Department

Yes

No

Primary Beneficiary (or designee) Spouse must be Primary or sign Spousal Waiver. In the event of a divorce, the spouse will no longer be the primary beneficiary.

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

Contingent Beneficiary (or designee)

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

Note: This beneficiary form will supersede the previous beneficiary form.

Signature

Date

SWORN AND SUBSCRIBED before me on this the _____ day of _____, 20_____.

Notary Public

Return to: Dallas Police & Fire Pension System
 4100 Harry Hines Blvd. Suite 100
 Dallas, Texas 75219



D A L L A S
POLICE & FIRE
 PENSION SYSTEM



Spousal Waiver for Beneficiary Designation Form

Member's Name: _____

Member's last 4 digits of SS# _____

As the Spouse of the Member listed above, I understand that I have not been named as the 100% Primary beneficiary on: (check all boxes that apply)

- DROP Beneficiary Designation Form**, completed (date): _____
- Final Deceased Member's Benefit Form**, completed (date): _____
- BOTH**, completed (date) _____

In the event of my spouse's death, I consent to the specific designation of the beneficiary(s) and percentages named on the forms indicated above. In the absence of my consent, I would be entitled to receive any balance remaining in my Spouse's DROP account and any funds due to the estate upon his or her death (signature must be witnessed by a notary public). Any change to the specific designation set forth on any beneficiary forms will require my consent. If the designated beneficiary is a trust, I recognize the System will not obtain my waiver for any change to the terms of the trust.

Spouse's Signature: _____

Printed name: _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority on this the _____ day of, _____, 20_____.

 Notary Public In And For

 County

Return to:

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