

**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