

# 100% Joint & Survivor Annuity Option Form



D A L L A S  
**POLICE & FIRE**  
PENSION SYSTEM



Member's name \_\_\_\_\_

Member's address: \_\_\_\_\_ Member's Social Security number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Police Department  Fire Department

My rights to the various forms of benefits payable by the Dallas Police & Fire Pension System have been fully explained to me, and I have been advised to discuss this decision with my Spouse and our medical and financial advisors. I understand that I WILL NOT be permitted to change this election after the effective date of my retirement, \_\_\_\_\_ .

After due consideration:

1. I elect the 100% Joint and Survivor Annuity Option;

**OR**

2. I do not elect the 100% Joint and Survivor Annuity Option.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Notary Public