

# Beneficiary Designee Selection Form

## Final Deceased Member's Benefit



DALLAS  
POLICE & FIRE  
PENSION SYSTEM



I authorize the Dallas Police & Fire Pension System to release to the person(s) that I have named below my final retirement benefit on my death. If all primary beneficiaries (designees) are deceased, any benefits payable will be equally divided among my surviving contingent beneficiaries. If you are married your spouse must consent to naming someone else a primary beneficiary.

Member's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Are you currently married?

Yes

No

Police Department  Fire Department

### Primary Beneficiary (or designee) Spouse must be Primary or sign Spousal Waiver

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship

### Contingent Beneficiary (or designee)

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship

\_\_\_\_\_  
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