



D A L L A S
POLICE & FIRE
 PENSION SYSTEM



Drop Beneficiary Designation Form

I wish to designate the following person(s) to be my beneficiary. I understand that if I do not designate a beneficiary and I am married, my Spouse will automatically be my beneficiary. If I am designating more than one beneficiary or more than one contingent beneficiary, I have prepared a DROP Beneficiary Designation Form for each such designation and indicated the percentage of my unpaid benefit to be paid to each such beneficiary. Contingent beneficiaries receive benefits only if beneficiaries die before my benefits are completely distributed. 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.

Primary Beneficiary Name	Relationship & Date of Birth	% of Benefit	Beneficiary's Address (Street, City, State, ZIP), PHONE #

Contingent Beneficiary Name	Relationship & Date of Birth	% of Benefit	Beneficiary's Address (Street, City, State, ZIP), PHONE #

My beneficiary election will continue to be effective unless I submit (and the System's administrative office receives) a new beneficiary designation on a form adopted by the Board. Notwithstanding the preceding sentence, I understand that I cannot designate a new beneficiary if I elect to receive my DROP benefits in the form of a life annuity or a joint and survivor annuity and I begin to receive such benefits. I also understand that if I am married, I cannot change my beneficiary without my Spouse's consent.

Signature: _____ Date: _____

Printed name: _____ Social Security: _____

Phone number: _____



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Member's Name: _____

Member's Social Security Number: _____

Spousal Waiver

As the Spouse of the Member listed above, I understand that I have not been named as beneficiary to receive 100% of my Spouse's DROP benefits in the event of my Spouse's death. I consent to the designation of the beneficiary(s) named above even though, in the absence of my consent, I would be entitled to receive any balance remaining in my Spouse's DROP account upon his or her death (signature must be witnessed by a notary public.)

Spouse's Signature: _____

Printed name: _____

Date: _____

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

 Notary Public In And For

 County