



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.

Beneficiary Name	Relationship	% of Benefit	Beneficiary's Address (Street, City, State, ZIP)

Contingent Beneficiary Name	Relationship	% of Benefit	Beneficiary's Address (Street, City, State, ZIP)

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: _____