Beneficiary Designee Selection Form

For Benefit Recipients and Active DROP

DALLAS POLICE & FIRE PENSION SYSTEM

Name: _____

Last 4 digits of SS#: __ __ __ __

Address: _____

Phone Number: _____ **Email Address:** _____

Are you currently married? ☐ Yes ☐ No – Single, Widowed or Divorced

If yes, Spouse's Name: _____ **Date of Marriage:** _____

Spousal consent is required to name someone other than your spouse as a primary beneficiary of a final payment. If you married after January 14, 2016, spousal consent is also required for DROP (not applicable for inherited accounts). **In the event of a divorce, the spouse will no longer be a beneficiary unless a new form is submitted.**

If I am unmarried and do not have a living designate a beneficiary, my beneficiary will be determined according to state laws, which I understand may be a more costly process for my heirs.

I wish to designate the following person(s) as my beneficiaries to the following:

☐ DROP
☐ Final Payment
☐ DROP & Final Payment

Special Note: This form, if accepted, replaces all prior beneficiary designations assigned to the benefit checked above on file with DPFP.

Primary Beneficiary (or designee) *You may use a second page if more lines are needed

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

*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).

Contingent Beneficiary (or designee) *You may use a second page if more lines are needed

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

_____ _____

Signature Date

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

_____

Notary Public

Mail to **4100 Harry Hines Blvd. St. 100, Dallas, TX 75219** or call our office at **214-638-3863** for a secure link

DALLAS POLICE & FIRE PENSION SYSTEM

Spousal Waiver for
Beneficiary Designation Form

Member's Name: _____

Member's last 4 digits of SS# __ __ __ __

As the Spouse of the Member listed above, I understand that I have not been named as the 100% Primary beneficiary on: (check all boxes that apply)

☐ **DROP Beneficiary Designation Form,** completed (date): _____
☐ **Final Deceased Member's Benefit Form,** completed (date): _____
☐ **BOTH,** completed (date) _____

In the event of my spouse's death, I consent to the specific designation of the beneficiary(s) and percentages named on the forms indicated above. In the absence of my consent, I would be entitled to receive any balance remaining in my Spouse's DROP account and any funds due to the estate upon his or her death (signature must be witnessed by a notary public). Any change to the specific designation set forth on any beneficiary forms will require my consent. If the designated beneficiary is a trust, I recognize the System will not obtain my waiver for any change to the terms of the trust.

Spouse's Signature: _____

Printed name: _____

Date: _____

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

_____
Notary Public In And For

_____
County

Return to:

Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Suite 100
Dallas, Texas 75219