

RETIREMENT PROCESS

Applying for a Retirement Pension

Begin the retirement process with the City at least 60 days before you plan to leave active service.

- If electing phase down, check with City on required deadlines.

Leaving employment with the City is independent of retiring with DPFP. It is your responsibility to ensure the two events (terminating City employment and DPFP retirement) are coordinated.

Prior to meeting with DPFP you must:

1. Pick your last day on payroll
2. Submit Intent to Retire Memo to Department
3. Receive copy of Acceptance Memo from Department
4. Schedule Retirement Appointment with DPFP to fill out the Pension Benefit Application

Benefit Options

- At the retirement appointment, Counselors will give you a benefit estimate with information on your highest benefit option based upon your retirement date.
- If married, a 100% Joint and Survivor benefit will be calculated and offered at your retirement appointment.
- If you are an Active DROP member, your DROP account will be annuitized.
- Attached is a Pension Benefit Application.

Pension Benefit Application



Member's name _____

Member's last 4 digits of SS# _____

Department ☐ Police ☐ Fire	Rank	Sex	Date of Birth (attach birth certificate)
Employee Number	City, State and Zip Code		Telephone
Street Address or P.O. Box			

I HEREBY MAKE APPLICATION FOR BENEFITS AS INDICATED BELOW UNDER THE PROVISIONS OF THE POLICE AND FIRE PENSION SYSTEM OF THE CITY OF DALLAS.

Type of Benefit ☐ Service Retirement ☐ Disability (on duty) ☐ Disability (off duty) ☐ QDRO	Original Service Date	Last Date on Payroll
	Date Pension Effective	Pension Service Credits

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY. INDICATE "NONE" WHERE INFORMATION IS NOT APPLICABLE. IF MARRIED, ATTACH PROOF OF MARRIAGE; ATTACH A BIRTH CERTIFICATE FOR ALL DEPENDENTS, AND PROOF OF ADOPTION IF APPLICABLE.

IF EVER DIVORCED, IS A COPY OF FINAL DIVORCE DECREE ON FILE? ☐ YES or ☐ NO

DEPENDENTS	Name of Spouse	Date of Marriage	Date of Birth
			SS#
	Name of Child under 19 (or dependent Parent)	Sex	Date of Birth
			SS#
	Name of Child under 19 (or dependent Parent)	Sex	Date of Birth
			SS#
Attach additional sheets if necessary to list all dependents.			

DEDUCTIONS	I HEREBY AUTHORIZE THE FOLLOWING DEDUCTIONS TO BE MADE FROM MY MONTHLY BENEFIT CHECKS AND AGREE TO PAY ANY INCREASE IN RATES WITHOUT FURTHER AUTHORIZATION.		
	☐ BURIAL FUND (Fire only)	☐ MYSELF	☐ SPOUSE
	☐ INCOME TAX (Please complete the attached W-4P)		

I SWEAR THAT ALL THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN COUNSELED ON ALL OF THE RETIREMENT OPTIONS AVAILABLE TO ME AND I ELECT TO RECEIVE BENEFITS FROM

(DESIGNATED PLAN)

SIGNATURE (AS YOU PLAN TO ENDORSE YOUR BENEFIT CHECKS)

DATE

For Office Use Only

Notes:

See Appendix F

**AUTHORIZATION
AGREEMENT
for DEDUCTIONS**
(Optional)



Name _____
Last 4 digits of SS# _____
☐ Police Department ☐ Fire Department

DEDUCTION AUTHORIZATION

I hereby authorize the following deductions(s) at the current prevailing rates and agree to any changes in the rates without further authorization. I understand the deductions elected below will be made from my monthly pension benefit. Please ensure you elect all deductions you want to have taken out of your pension and cancel all deductions you do not want to continue. This form will supersede any form currently on file at DPFP.

Cancel Elect/Re-elect

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | I do not want any deductions. |
| ☐ | ☐ | Dallas Firefighters Museum Deduction \$ _____ per month (minimum \$1.00) |
| ☐ | ☐ | Member's Burial Fund - Fire Department - \$4.00 |
| ☐ | ☐ | Spouse's Burial Fund - Fire Department - \$4.00 |
| ☐ | ☐ | Dallas Retired Fire Fighter Association Dues - Fire Department - \$5.00 |
| ☐ | ☐ | Black Firefighter Retiree Association - Fire Department - \$8.34 |
| ☐ | ☐ | Dallas Association of Hispanic Retired Fire Fighters - Fire Department - \$10.00 |
| ☐ | ☐ | Dallas Police Retired Officers Association Dues - Fire Department - \$11.25 |
| ☐ | ☐ | Dallas Police Department Museum Deduction of \$ _____ per month (minimum \$1.00) |
| ☐ | ☐ | Dallas Police Retired Officers Association Dues - Police Department - \$22.50 |
| ☐ | ☐ | Dallas Police Retired Officers Association Dues - Police Department - Surviving Spouse - \$11.25 |

This authority is to remain in full force and effect until DPFP has received another form with new elections or cancellations by the 15th day of month.

As a courtesy to the above organizations, DPFP is deducting payments from monthly pension benefit payments. DPFP can cease providing this service at any time. DPFP has no affiliation with nor takes any responsibility for the above organizations. Please contact with organizations directly with any questions.

Signature _____ Date _____

Please return this form to Dallas Police and Fire Pension System, 4100 Harry Hines Blvd., Suite 100 Dallas, Texas 75219, or scan and email to info@dpfp.org.

Revised by AK 3/23/2023

See Appendix F

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS**



Name: _____
Last 4 digits of SS#: _____
☐ Police Department ☐ Fire Department
☐ Regular ☐ Supplemental

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking or savings account. To validate the routing and account number, I am including either a personal check with the word, "VOID" written across it, or a bank-issued verification of deposit letter/document.

I understand and agree to the following:

1. The account designated for direct deposits must be held in my name.
2. Deposits can only be made directly to a U.S. bank whose routing number can be verified through the American Bankers Association. No deposits will be made to peer-to-peer banking apps such as Cash App, Venmo, Zelle, etc.
3. This election will remain in effect until I change it.
4. To ensure that a change in election is effective, the original form must be received by the Pension Office by the 15th day of the month. When the form is received by the 15th day of the month, deposits will be made into my account beginning on the last business day of that month.
5. DPFP will attempt to contact the member to verify the authenticity of this document prior to processing any change to the member's account.
6. DPFP reserves the right to reject this form for any reason, including but not limited to situations where this form or supporting documentation is insufficient, cannot be verified, or the financial institution is deemed unacceptable.

If you are including a voided check, you may tape it here or can include it as a separate attachment.

Signature: _____ Date: _____

You may return this form to:
Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Suite 100
Dallas, TX 75219

For Office Use Only

Date Received: _____ Verified by: _____ Effective Date: _____

See Appendix F

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Periodic Pension or Annuity Payments Give Form W-4P to the payer of your pension or annuity payments.	OMB No. 1545-0074 2026
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Step 1:
Enter Personal Information

(a) First name and middle initial	Last name
Address	
City or town, state, and ZIP code	
(c) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,000	3(a) \$	
(b) Multiply the number of other dependents by \$500	3(b) \$	
(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here	3(c) \$	
Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here		3 \$

Step 4:
Other Adjustments

(a) **Other income (not from jobs or pension/annuity payments).** If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here

(c) **Extra withholding.** Enter any additional tax you want withheld from **each payment**

No withholding ☐ I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 ☐

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.) _____ Date _____

See Appendix F

**Beneficiary Designee
Selection Form**
For Benefit Recipients and Active DROP



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

See Appendix F



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

See Appendix F



MEMBER INFORMATION CONSENT

Under the current provisions of the State of Texas Public Information Act any information about our members held by the Dallas Police and Fire Pension System (the "Pension System") is confidential and not subject to disclosure by the Pension System. However, you do have the option to allow the Pension System to disclose your name and image in the newsletter as well as in any other communications the Pension System may send out to members or retirees; for example, in the past we have let our members know when a member retired and show pictures of members or retirees in the newsletters. Please initial one of the following two options to indicate whether or not you would like the Pension System to continue to be able to use your name or picture in the newsletter or other communications.

_____ I consent to the Pension System disclosing my name and image in communications with members or retirees, but I request that all other information about me contained in the records of the Pension System be protected from disclosure to the maximum extent allowed by law.

_____ I do not consent to the Pension System disclosing any information about me, including my name or image, and request that all information relating to me be protected from disclosure to the maximum extent allowed by law.

Signature:

Last 4 Social Security Number

Printed Name:

Date: _____

Used for identification and verification only. Will not be published.

See Appendix F

Required Retirement Documentation

Copy of Departmental Retirement Acceptance Memo signed by your direct supervisor.

Voided check (for direct deposit of monthly pension payment).

Copy of member's form of identification.

If married:

- Copy of spouse's form of identification and Social Security card.
- Copy of your marriage license.

Required Retirement Documentation (con't)

If you have children younger than age 19 or disabled children:

- Provide copy of all birth certificates/adoption paperwork and Social Security cards.
- If you believe your child might meet disability requirements, a disclosure form will be provided to you when you set your benefit.

If ever divorced while on the department, copy of your divorce decree(s) and/or QDROs.

Some of the above documents may already be on file for DROP participants.

Important Agenda Dates

Dates reflect DPFP deadlines for each step of the retirement process.

Agenda Month	Paperwork & Documents Due By	Last Day on Payroll	Board Meeting Date	Date of First Pension Check
October	Sep. 23, 2026	Oct. 6, 2026	Oct. 8, 2026	Oct. 30, 2026
November	Oct. 28, 2026	Nov. 3, 2026	Nov. 12, 2026	Nov. 30, 2026
December	Nov. 24, 2026	Dec. 1, 2026	Dec. 10, 2026	Dec. 31, 2026

NOTE: All the 2026 & 2027 dates are posted to our website.

Health Insurance

You must enroll through the Benefit Service Center at (214) 671-6947, Option 1 for your health insurance. You can also email them at hrbenefits@dallas.gov

DPFP does not administer the City's insurance plan. We are unable to answer any questions about the insurance. All questions should be addressed to the Benefit Service Center.

You have 30 days from your last active date of service to enroll in health insurance.

- City determines enrollment eligibility

Annual Year End Documents

All benefit recipients will receive the following documents from DPFP on an annual basis:

- 1099R – tax reporting document
- Withholding Letter – regulatory notice sent to members annually as a reminder of their ability to update their tax withholding. No action required.
- Tax Notice Letter– will list total health insurance paid during the year which the member may need to claim a tax exclusion. (for retired public safety officers only)
- Direct deposit advice – You will receive a direct deposit advice each year reflecting your December payment and for any other month in which there is a change in your payment amount.

Important Tax Information

Beginning pension payments before the year you turn 50 may put you at risk for an Early Withdrawal Penalty

- Future 1099-R will show a distribution code 1 (at risk-no known exception) until age 59 ½
- Consult your tax advisor

Police Department Contacts

- Dave Barlow

Supervisor – Personnel Operations

O: (214) 671-3446

david.barlow@dallaspolice.gov

- Beatriz Pena Alvarez

Manager-DPD Personnel Operations

O: (214) 671-4446

beatriz.alvarez@dallaspolice.gov

Fire Department Contacts

- Valanda Quaite

HR/EEO Compliance Manager III

O: (214) 670-5108

valanda.quaite@dallasfire.gov

- Carolina DeLeon

Fire Payroll Manager II

O: (214) 671-5769

C: 214-662-1279

carolina.deleon@dallasfire.gov

Fidelity Investments Contact

For information about your 401k and 457 accounts:

Josh George

Fidelity Workplace Financial Consultant

(469) 910-2601

josh.george@fmr.com

Power of Attorney

Authorized agent can act on your behalf with DPFP to do the following:

- Request account information
- Update direct deposit information
- Update beneficiaries
- Update contact information

Can make POA effective immediately or upon your incapacitation

Can revoke POA submitted to DPFP anytime in writing

DPFP does not provide legal advice

Completing POA Template with DPFP

Who do you want to appoint as your agent?

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until:

- (1) you die or revoke the power of attorney;
- (2) your agent resigns or is unable to act for you; or
- (3) a guardian is appointed for your estate.

I, (insert your name and address),
appoint (insert the name and address of
the person appointed) as my agent to act for me in any lawful way with respect to all of the
following powers that I have initialed below. (YOU MAY APPOINT CO-AGENTS. UNLESS
YOU PROVIDE OTHERWISE, CO-AGENTS MAY ACT INDEPENDENTLY.)

Completing POA Template with DPFP

What powers do you want to grant to your agent?

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (N).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD.

- ___ (A) Real property transactions;
- ___ (B) Tangible personal property transactions;
- ___ (C) Stock and bond transactions;
- ___ (D) Commodity and option transactions;
- ___ (E) Banking and other financial institution transactions;
- ___ (F) Business operating transactions;
- ___ (G) Insurance and annuity transactions;
- ___ (H) Estate, trust, and other beneficiary transactions;
- ___ (I) Claims and litigation;

- ___ (J) Personal and family maintenance;
- ___ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- ___ (L) Retirement plan transactions;
- ___ (M) Tax matters;
- ___ (N) Digital assets and the content of an electronic communication.

☒ (O) ALL OF THE POWERS LISTED IN (A) THROUGH (N). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (O).

Completing POA Template with DPFP

When do you want the POA to go into effect?

To go into effect immediately

- Either cross out option B or do nothing with this section

To go into effect upon your incapacitation

- Cross out option A

UNLESS YOU DIRECT OTHERWISE BELOW, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT TERMINATES.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

(A) This power of attorney is not affected by my subsequent disability or incapacity.

(B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).