## **Active/Deferred Vested Members** Qualified Survivors/Beneficiary Form



| Member's Name   |                   |   |               |               |
|---|-------------------|---|---------------|---------------|
| Member's last 4 digits of SS#   |                   |   |               |               |
| Phone Number  |                   |   |               |               |
| In the event of an Active or Deferred Vested member's death, the Pension System will determine who are the member's Qualified survivors. A Qualified survivor is defined as a person who is eligible to receive death benefits after the death of the member. This includes the spouse to whom the member was married before he/she left active service and was continuously married until the member passed away. Also, included are children under 19 or who have a disability, who were born or adopted before the member left active service. In some cases, dependent parents may be considered as well. |                   |   |               |               |
| Please list Qualified survivors below:  |                   |   |               |               |
| Name of Spouse  | Date of Marriage  |   | Date of Birth |               |
|   |                   |   | SS#           |               |
| Name of Child or Dependent Parent   |                   | Sex                                     | Date of Birth |               |
|   |                   |   | SS#           |               |
| Name of Child or Dependent Parent   |                   | Sex                                     | Date of Birth |               |
|   |                   |   | SS#           |               |
| Attach additional sheets if necessary to list all Qualified survivors.  |                   |   |               |               |
| IF ever divorced while a sworn employee with the City of Dallas, is a copy of final divorce decree on file?  □ YES or □ NO  |                   |   |               |               |
| If no "Qualified survivors", please designate a beneficiary(ies). Any benefits payable will be equally divided among the surviving beneficiaries.  Designated Beneficiaries   |                   |   |               |               |
| Designated Denomination   |                   | 1 · · · · · · · · · · · · · · · · · · · |               |               |
| Name  | Social Security # | Phone #s                                |               | Date of Birth |
|   |                   |   |               |               |
|   |                   |   |               |               |
|   |                   |   |               |               |
|   |                   |   |               |               |
| Print Name  |                   |   |               |               |
| Signature Date  |                   |   |               |               |
| Return to: Dallas Police & Fire Pension System 4100 Harry Hines Blvd. Suite 100   |                   |   |               |               |
| Dellas Towas 75210  |                   |   |               |               |

Dallas, Texas 75219

Update Pension system if there are any changes.

This form will be placed in member's file held at Dallas Police & Fire Pension System