

Beneficiary Designee Selection Form
For Final Payment of Deceased Member's Benefit



D A L L A S
POLICE & FIRE
PENSION SYSTEM



I authorize the Dallas Police & Fire Pension System to release to the person(s) that I have named below my final retirement benefit on my death. If all primary beneficiaries (designees) are deceased, any benefits payable will be equally divided among my surviving contingent beneficiaries. If you are married your spouse must consent to naming someone else a primary beneficiary.

Member's Name _____

Address _____

Phone Number _____

Member's Social Security number:

Are you currently married?

Yes

No

Police Department Fire Department

Primary Beneficiary (or designee) Spouse must be Primary or sign Spousal Waiver

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

Contingent Beneficiary (or designee)

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

 Signature

 Date

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

Notary Public

Return to:

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



D A L L A S
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**Spousal Waiver for
 Drop Beneficiary Designation Form /
 Beneficiary Designee Selection Form (for Final Benefit Payment)**

Member's Name: _____

Member's Social Security Number: _____

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 Form Completed (date): _____

Beneficiary Designee Selection Form 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:

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