



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(ies). I understand that if I am married, I may designate someone other than my spouse as my primary beneficiary only with my spouse's consent on Page 2 of this DROP Beneficiary Designation Form. If I am designating more than one beneficiary or more than one contingent beneficiary, I have entered each designation below and indicated the percentage of my unpaid benefit to be paid to each such beneficiary. Contingent beneficiaries receive benefits only if my primary beneficiary(ies) 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.

Primary Beneficiary Name	Relationship & Date of Birth	% of Benefit	Beneficiary's Address (Street, City, State, ZIP), PHONE # Social Security Number for each person

Contingent Beneficiary Name	Relationship & Date of Birth	% of Benefit	Beneficiary's Address (Street, City, State, ZIP), PHONE # Social Security Number for each person

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.

Signature: _____ Date: _____
 Printed name: _____ Last 4 digits of SS# _____
 Phone number: _____

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

 Notary Public In And For

 County



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 PENSION SYSTEM



**Spousal Waiver for
 Beneficiary Designation Form
 DROP/Final Deceased Member's Benefit**

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): _____

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