

Beneficiary Designee Selection Form

Final Deceased Member's Benefit



DALLAS
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

Contingent Beneficiary (or designee)

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship

Signature

Date

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

Notary Public

Return to: Dallas Police & Fire Pension System
2301 N. Akard ST., Suite 200
Dallas, Texas 75201