

DESIGNEE SELECTION FORM

For Commuted Value Lump Sum Payment & Refund of Contributions

Section I. Member Information

MEMBER'S NAME (LAST, FIRST, MI)	MEMBER'S SSN #	MEMBER'S PHONE #
EMPLOYEE NUMBER	SPOUSE'S NAME (write "none" if unmarried)	SPOUSE'S SSN #

If I am married and die before I have two years of pension service credit the person who is my spouse at the time of my death shall be my designee for purposes of section 40A-21(b) of the Dallas City Code and shall receive a refund of my contributions. If I die before I have two years of pension service credit and not married at the time of my death, my designee(s) shall be the person(s) listed below and shall receive a refund. If I am an active member who is married and have completed two years of pension service credit, a monthly benefit will be paid to my spouse if I die. If my marital status changes I am required to update this form.

Section II. PRIMARY DESIGNEE(S) - I may name (1) my estate, (2) any person or persons, (3) any entity or entities, or (4) any combination thereof. Any funds payable will be shared equally, unless you provide otherwise, among surviving designees. Name at least one designee, **do not name a spouse as designee**. Name any additional primary designees on the back of this form. Additional designees must be identified as primary and listed with the below required information.

1.	Name _____	SSN # _____	Date of Birth _____	Relationship _____	_____ %
Address _____	City _____	State _____	Zip Code _____	Phone Number _____	(____) _____
2.	Name _____	SSN # _____	Date of Birth _____	Relationship _____	_____ %
Address _____	City _____	State _____	Zip Code _____	Phone Number _____	(____) _____
3.	Name _____	SSN # _____	Date of Birth _____	Relationship _____	_____ %
Address _____	City _____	State _____	Zip Code _____	Phone Number _____	(____) _____

Section III. CONTINGENT DESIGNEE(S) - If all primary designees are deceased or are not in existence, any funds payable will be shared equally, unless you provide otherwise, among surviving contingent designees. Name any additional contingent designees on the back of this form. Additional contingent designees must be identified as contingent and listed with the below required information.

1.	Name _____	SSN # _____	Date of Birth _____	Relationship _____	_____ %
Address _____	City _____	State _____	Zip Code _____	Phone Number _____	(____) _____
2.	Name _____	SSN # _____	Date of Birth _____	Relationship _____	_____ %
Address _____	City _____	State _____	Zip Code _____	Phone Number _____	(____) _____

Section IV. SIGNATURE

MEMBER'S SIGNATURE	DATE
WITNESS SIGNATURE	DATE