



New York City Police Pension Fund

233 Broadway
New York, NY 10279
212-693-5100
www.nyc.gov/nycppf

Office use

Beneficiary Designation – Tiers 2 and 3

Time and date

Member Information: Contact phone #: () - -

Tax ID #: SSN, last 4 digits: Date: / /
mm dd yyyy

First name: M.I.: Date of birth: / /
mm dd yyyy

Last name:

Address: Apt.:

City: State: Zip code:

Instructions

1. You must designate beneficiaries for **BOTH** the Ordinary Death Benefit and the Return of Contributions Benefit when you use this form. Using this form updates and overrides any and all prior beneficiary designations.
2. Primary beneficiaries will receive your death benefits. You must designate at least one primary beneficiary for each benefit. Secondary beneficiaries only receive benefits if no primary beneficiary survives you. Naming secondary beneficiaries is not required but is recommended.
3. Check either the primary beneficiary box **OR** the secondary beneficiary box for each beneficiary. You may designate as many primary and secondary beneficiaries as you like for either benefit. If you need more space, request or download the Supplemental Beneficiary Designation Form (#61 on our website).
4. You must assign a benefit percentage to every beneficiary (100% for a single beneficiary). Use whole numbers, and write the percent in the box to the right of the beneficiary number (e.g., "Beneficiary 1"). Within each benefit, percentages for all beneficiaries of the same type (i.e., primary or secondary type) **must total 100%**.
5. **If a beneficiary predeceases the member** but is a named beneficiary upon the member's death, his/her benefit will be paid to the member's estate. If only one primary beneficiary was ever named and he/she predeceases the member, the member's estate would receive 100% of the benefit. If a beneficiary dies after the member but before benefits are paid, his/her benefit would be paid to the beneficiary's estate.
6. Print one letter or number to a space in black ink. Do not erase, cross out or use correction fluid. If you make a mistake, you must start over using a new form.
7. **If a beneficiary is a minor**, check the minor designation box to the right of the last name field. The Police Pension Fund cannot pay a benefit directly to a minor child. If checked, this box reminds you to nominate a custodian under New York's Uniform Transfers to Minors Act (UTMA), who then receives the benefit on the minor's behalf. Use form #140 on our website to make this nomination.
8. Sign at the bottom of pages 2 and 3 and also on page 4 in the signature area. **If you mail this form to PPF, your signature on page 4 must be notarized.** Mail or hand deliver* all pages of this form (including any unused pages), along with all other forms that are part of this beneficiary request (such as the Supplemental Beneficiary Designation Form or the UTMA Custodian Form) to: New York City Police Pension Fund, 233 Broadway, New York, NY 10279. * NYPD ID card required

Ordinary Death Benefit

Beneficiary 1

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: mm / dd / yyyyAddress: Apt.: City: State: Zip code:

Beneficiary 2

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: mm / dd / yyyyAddress: Apt.: City: State: Zip code:

Beneficiary 3

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: mm / dd / yyyyAddress: Apt.: City: State: Zip code:

Beneficiary 4

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: mm / dd / yyyyAddress: Apt.: City: State: Zip code:

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Police Pension Fund.

Member signature: _____ Tax ID #: Date: mm / dd / yyyy

Return of Contributions

Beneficiary 1

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name M.I.: Last name Check if beneficiary is a minor Relationship Date of birth Address Apt.: City: State: Zip code:

Beneficiary 2

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I. Last name Check if beneficiary is a minor Relationship Date of birth Address Apt.: City State: Zip code:

Beneficiary 3

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: Address: Apt.: City: State: Zip code:

Beneficiary 4

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female First name: M.I.: Last name: Check if beneficiary is a minor Relationship: Date of birth: Address: Apt.: City: State: Zip code:

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Police Pension Fund.

Member

signature: Tax ID #: Date:

Change confirmation

Office use

If the Police Pension Fund (PPF) receives this form by mail, we will confirm the requested beneficiary designations by mail to **your home address on record**. If you deliver the completed form to PPF in person*, same day confirmation is available by special request. * NYPD ID card is required

Forms included

Time and date

_____ Write the number of *Supplemental Beneficiary Designation* forms (PPF 61) that are part of this beneficiary designation.

_____ Write the number of *UTMA Custodian for Minor Beneficiary* (PPF 140) forms that are part of this beneficiary designation.

Important limitation

Changing your beneficiary with the New York City Police Pension Fund does NOT change your beneficiary with your line organization (i.e., PBA, DEA, SBA, SOC) or with the New York City Deferred Compensation Plan.

Signature

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Police Pension Fund.

Member signature: _____ Tax ID #: | | | | | | | | Date: ____ / ____ / ____

Notarization**[Required if this request is mailed to the NYC Police Pension Fund]**

Before me, the undersigned authority, on this day personally appeared
(print full name) _____, known to me to be the person whose name is signed above, and who, upon his or her oath, acknowledged to me that he or she executes this instrument for the purposes herein expressed.

Sworn and executed this _____ day of _____, 20____

Signature of New York State Notary Public or Commissioner of Deeds:

Qualified county: _____

Commission expiration date: _____

Registration number: _____ [Affix stamp or seal if available]

Reminder

Your death benefits will go to the beneficiaries named in your latest beneficiary designation, regardless of your current personal, marital or parental status. In addition, your beneficiary designation takes precedence over your will. For these reasons, the Police Pension Fund urges all members to review their beneficiary designations annually and always after major life events such as marriage, birth, death, adoption or divorce.

Office use

Delivery method In person By mail Date: (mm / dd / yyyy)

| | | | |
|--------------------------|--|--|-----|
| Received by (full name): | | | / / |
| Entered by (full name): | | | / / |
| Checked by (full name): | | | / / |