BOARD OF TRUSTEES
of the
NEW YORK FIRE DEPARTMENT PENSION FUND
9 METROTECH CENTER
BROOKLYN, N.Y. 11201-3857

DESIGNATION OF BENEFICIARY - TIER II
OF DEATH BENEFITS

New York, _____

To the Board of Trustees of the
New York Fire Department Pension Fund, Article 1-B

In accordance with the Retirement and Social Security Law, and the Administrative Code of The City of New York, I submit this nomination of beneficiary or beneficiaries.

Designation:
Under the applicable provisions of said laws, certain death benefits are payable in the event of my death before I have retired. In accordance therewith, I make the following designation of beneficiaries:

BENEFIT	**PRINCIPAL BENEFICIARY** (State name and relationship)	**ALTERNATE BENEFICIARY** (State name and relationship)
1. Cash death benefit in the event of my death-NOT the result of an accident caused in the performance of duty.		
2. My contributions to the Pension Fund, with interest, if applicable. Payable in the event of ordinary or accidental death.	**PRINCIPAL BENEFICIARY** (State name and relationship)	**ALTERNATE BENEFICIARY** (State name and relationship)

Designation Two Beneficiaries:
To share equally or survivor to take all.

Designating Three or More Beneficiaries:
To share equally or survivors to share equally.

I hereby direct that, should I survive either or both of the before- mentioned beneficiaries, the amount which otherwise would have been payable to the deceased beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate by written designation filed with the New York Fire Department Pension Fund.

This designation revokes any designation previously filed with the Board of Trustees or the New York Fire Department Pension Fund, Article 1-B.

_____

Name (Print)_____ Signature _____

Soc. Sec. No. _____ Tax Registry No. _____ Rank or Grade _____

Date of Appointment _____ Unit _____

State of _____ County of _____

On this _____ day of _____ , 20 _____ , personally appeared before me the said _____ to me known to be the individual described in and who executed the foregoing instrument, and he/she duly acknowledged to me that he/she executed the same.

_____
SIGNATURE OF NOTARY OR COMMISSIONER OF DEEDS
AFFIX SEAL IF ANY