

POLICE PENSION FUND
CITY OF NEW YORK

September 12, 2007

FROM: Executive Director, Police Pension Fund

TO: All Uniformed Members of the Service

SUBJECT: **CHANGE OF DESIGNATED BENEFICIARY**

1. This is to advise you that changing you designated beneficiary with the Police Pension Fund ***does not*** change your beneficiary with your line organization, and likewise, changing your beneficiary with your line organization ***does not*** change your beneficiary with the Police Pension Fund.

2. There have been a number of unfortunate incidents recently, when deaths have occurred, where beneficiaries had been changed with either the line organization or the Police Pension Fund, but not with both. Additionally, there have been incidents where members have died with out of date beneficiary selections on record at the Police Pension Fund and with the line organization. These incidents resulted in the payment of large sums of money to the wrong beneficiary. If you are unsure about your Pension Fund beneficiary information, you may check it in person, or by mail with the Police Pension Fund, 233 Broadway, 19th Floor, New York, NY 10279. Due to confidentiality, telephone requests to check beneficiaries cannot be accommodated.

3. If you are changing your beneficiary with the Police Pension Fund, you must also contact your line organization to change your beneficiary at the address and telephone numbers listed below:

PBA	40 Fulton Street	Second Floor	212 349-7560
DEA	26 Thomas Street		212 587-1000
SBA	35 Worth Street	First & Second Fl.	212 431-6555
LBA/CEA	233 Broadway	Eighteenth Floor	212 964-7500

4. If you are changing your beneficiary with your line organization, remember you also must change your beneficiary with the Police Pension Fund. To change your beneficiary please return the **notarized** form by mail to the Police Pension Fund, 233 Broadway, 19th Floor, New York, NY 10279 *or* report in person to the Police Pension Fund, with your ID card, where we have a notary available. ***Please take the time out to insure that this critical information is updated.***

5. Also, any change of dependents on your Health Insurance may be made by mail or in person at 51 Chambers Street, Third Floor, telephone number 646 610-5122. If you are enrolled in Deferred Compensation, please contact them to update your designated beneficiary information at 212 306-7760.

6. For your information.

Anthony Garvey
Executive Director
Police Pension Fund



CHANGE OF DESIGNATED BENEFICIARY
 233 Broadway—19th Floor, New York, NY 10279

Please fill in the following:		Date: / /
Name Printed (First—M.I.—Last)		Tax Registry No.
Command		Shield #
Social Security Number (Last 4 digits) 	Rank	

TO: Board of Trustees—Police Pension Fund Article 2
SUBJECT: CHANGE OF DESIGNATED BENEFICIARY

ACCUMULATED DEDUCTIONS BENEFIT

I, _____
First Name Middle Last Name
 hereby nominate the following Beneficiary to whom I request and hereby authorize the Police Pension Fund to pay, in the event of my death prior to retirement on pension, the total amount of my Accumulated Deductions Benefit.

<u>NAME</u>	<u>ADDRESS</u>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>PERCENT</u>

CASH DEATH BENEFIT

I further nominate the following Beneficiary to whom I request and hereby authorize the Police Pension Fund to pay, in the event of my death prior to retirement on pension, the Cash Death Benefit allowable.

<u>NAME</u>	<u>ADDRESS</u>	<u>D.O.B.</u>	<u>RELATIONSHIP</u>	<u>PERCENT</u>

I reserve the right to change the designation of beneficiary at any time in the future.

Sworn to before me This _____ day of _____ 200__ _____ Notary Public	_____ Signature _____ Home Address _____ City State Zip _____ (Area Code) Telephone#
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