



# New York City Police Pension Fund

233 Broadway, 19th Floor  
New York, NY 10279  
212-693-5100  
www.nyc.gov/nycppf

Office use only

## Custodian Under UTMA for Minor Beneficiary

Time and date

The NYC Police Pension Fund (PPF) cannot pay a death benefit directly to a minor beneficiary. Use this form to nominate a custodian, under the New York State Uniform Transfers to Minors Act (UTMA), for a minor beneficiary. The custodian's duty is to receive and manage the death benefit on the minor's behalf through an UTMA account. This puts the death benefit to use faster and at lower cost than if the court had to appoint the custodian. You may not designate your *estate* or a *trustee* as a custodian under UTMA.

### Instructions

1. This form is designed for PPF members who have designated one or more **minor primary or secondary beneficiaries** for the Ordinary Death Benefit, the Return of Contributions Death Benefit, or both.
2. Only one custodian may be nominated per minor beneficiary. If you have more than one minor beneficiary, you may nominate the same, or a different, custodian for each beneficiary. Write in complete information for each custodian; wording like "same as above" will not be accepted.
3. Print one letter or number to a space in black ink. Do not erase, use correction fluid or cross anything out. If you make a mistake, you must start over using a new custodian form.
5. Sign on page 2 where indicated, and date your signature. **If you mail this form to the Police Pension Fund, sign in the presence of a notary public, and have your signature notarized.**
6. **Important:** If you mail this form to PPF, enclose the PPF beneficiary designation form/s (i.e., PPF 60 and 61) upon which this form is based. Each form submitted must have the same date. Check to see that all notarizations have been made. Then **mail all forms as one package** to: NYC Police Pension Fund, 233 Broadway, New York, NY 10279.
7. If you need to appoint custodians for more than three minor beneficiaries, use a second custodian Form 140, which is also available online at the above web address.
8. If you have questions about appointing a custodian under New York State UTMA for a minor beneficiary, call Membership Services at (212) 693-5850.

### Member Information

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: \_\_\_\_\_

**Minor beneficiary #1** > **name (please print)** First: \_\_\_\_\_ M.I. \_\_\_ Last: \_\_\_\_\_

I hereby nominate the following as custodian under the New York State UTMA for the above-named minor #1, whom I have designated as a primary or secondary beneficiary for one or more NYPD death benefits:

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Last name: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Minor beneficiary #2** > **name (please print)** First: \_\_\_\_\_ M.I. \_\_\_ Last: \_\_\_\_\_

I hereby nominate the following as custodian under the New York State UTMA for the above-named minor #2, whom I have designated as a primary or secondary beneficiary for one or more NYPD death benefits:

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Last name: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Minor beneficiary #3** > **name (please print)** First: \_\_\_\_\_ M.I. \_\_\_ Last: \_\_\_\_\_

I hereby nominate the following as custodian under the New York State UTMA for the above-named minor #2, whom I have designated as a primary or secondary beneficiary for one or more NYPD death benefits:

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Last name: \_\_\_\_\_ Tel. #: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Signature** [ Your signature is required. If this form is to be notarized, complete this section in the presence of a Notary Public.]

Member signature: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

**Notarization** [Required only if this form 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/her oath, acknowledged to me that he/she executed this instrument for the purposes herein expressed.

Sworn and executed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Official signature of New York State Notary Public or Commissioner of Deeds:

\_\_\_\_\_  
Qualified county: \_\_\_\_\_  
Commission expiration date: \_\_\_\_\_  
Registration number: \_\_\_\_\_ [Affix stamp or seal if available]

**Office use**  
Checked by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Entered by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_