



For Office Use Only
Clock-in-Date

Designation of Guardian
When Designating a Minor as A Beneficiary

By Designating a guardian under the Uniform Transfer to Minor's Act for a minor beneficiary on this form, you eliminate the need for formal guardianship proceedings upon your death.

This form may be used in conjunction with the Police Pension Fund Designation of Beneficiary Form.

Please fill in the following:			
Tax Registry No.	Social Security # (Last 4 Digits)	Date of Birth	
Member Information:			
First Name	Last Name	Middle Initial	
Address			Apt. Number
City	State	Zip	

Guardian Information:

I, the undersigned member of the New York City Police Pension Fund, hereby designate

First Name	Last Name	Middle Initial
Address		Apt. Number
City	State	Zip

As Guardian for the below named Minor, under the Uniform Transfer to Minor's Act on the Designation of Beneficiary form filed with the New York City Police Pension Fund.

First Name	Last Name	Middle Initial
Address		Apt. Number
City	State	Zip

Continue on the next page.



POLICE PENSION FUND
 233 Broadway—19th Floor, New York, NY 10279

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Tax Registry No.

Social Security # (Last 4 Digits)

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Guardian Information:

I further designate

First Name	Last Name	Middle Initial
Address		Apt. Number
City	State	Zip

As Guardian for the below named Minor, under the Uniform Transfer to Minor's Act on the Designation of Beneficiary form filed with the New York City Police Pension Fund.

First Name	Last Name	Middle Initial
Address		Apt. Number
City	State	Zip

Signature of Member _____ Date: _____

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____

On this _____ day of _____, 20____, personally appeared before me the above named, _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it.

Signature of Notary Public or Commissioner of Deeds:

Official Title: _____

Expiration Date of Commission: _____





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INSTRUCTIONS FOR COMPLETING THIS FORM

- ▶ If you need assistance completing this form please contact NYCPPF at 212-693-5100
- ▶ Complete the Designation of Guardian form in ink or type. Except for signature , please print all items.
- ▶ You may designate a different guardian for each minor named as your beneficiary. Be sure to indicate the full names of the minor and the corresponding guardian.
- ▶ Be sure to sign the form, in the space provided for Signature of Member, in the presence of a Notary Public or Commissioner of Deeds.
- ▶ Page 2 of this form must be acknowledged before a Notary Public or Commissioner of Deeds.
- ▶ Do Not make erasures, use white-out or cross-out any type or printed information on this form, in as much as it renders the form invalid.
- ▶ You may not name a Trustee or your estate as guardian.
- ▶ You must return all pages of this form even if you have intentionally left portions blank. You do not have to return the Instruction Page if you received or downloaded it as a stand alone page.