

Ordinary Death Benefit

Beneficiary 1

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female

First name: _____ M.I.: _____
Last name: _____
Relationship: _____ Date of birth: ____/____/____
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Check if beneficiary is a minor:

Beneficiary 2

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female

First name: _____ M.I.: _____
Last name: _____
Relationship: _____ Date of birth: ____/____/____
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Check if beneficiary is a minor:

Beneficiary 3

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female

First name: _____ M.I.: _____
Last name: _____
Relationship: _____ Date of birth: ____/____/____
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Check if beneficiary is a minor:

Beneficiary 4

 %Primary beneficiary

OR

Secondary beneficiary Beneficiary gender:
Male Female

First name: _____ M.I.: _____
Last name: _____
Relationship: _____ Date of birth: ____/____/____
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Check if beneficiary is a minor:

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 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 yyyy

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: ____/____/____
mm dd yyyy

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: ____/____/____
mm dd yyyy

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: ____/____/____
mm dd yyyy

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: ____/____/____
mm dd yyyy

Beneficiary confirmation:

Office use

If the NYC Police Pension Fund receives this form by mail, the requested beneficiary designations will be confirmed 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.

Time and date

Forms enclosed:

_____ Write the number of "Supplemental Beneficiary Designation" forms (PPF 61), if any, that are enclosed with this "Beneficiary Designation" form (PPF 60).

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:

[Notarization required if this form is mailed to the NYCPPF]

State of _____ County of _____

On this ____ day of _____, 20 ____ before me

personally appeared _____,

to me known and known to me to be the same person described herein and who executed the foregoing instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Signature of Notary Public: _____ [Please affix stamp or seal]

Limitation:

Changing your beneficiary with the New York City Police Pension Fund does NOT change your beneficiary with your union (PBA, DEA, SBA, LBA, CEA) or with the NYC Deferred Compensation Plan. You must change beneficiaries at BOTH the NYCPPF and your union organization. You must also change your beneficiary directly with the NYC Deferred Compensation Plan, as well as with private life insurance policies, if any.

Reminder:

Your death benefits will go to the beneficiaries named in your **most recent** 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 NYC Police Pension Fund encourages all members to review beneficiary designations annually and after major life events, such as marriage, birth, adoption or divorce.

Office use only

Type of ID: _____ Date ID verified: ____ / ____ / ____

ID verified by: _____

	Last name ▼	Date (mm/dd/yyyy) ▼
Entered in COPS by ►		
Entry checked by ►		