



New York City Police Pension Fund

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

Office use only

Supplemental Beneficiary Designation and Change – All Tiers

Time and date

Use this form only if you need space to designate additional primary and/or secondary beneficiaries **after** you complete *Beneficiary Designation and Change Form*, PPF 60.

Member Information: Contact phone #: () - -

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:

Note: If you mail this form to the Police Pension Fund (PPF), we will confirm the requested designations and/or changes by mail to your home address on record. If you personally deliver the completed form to PPF, same-day confirmation is available by *special request*.

Read these instructions before you start *

1. This form (PPF 61) allows you to name **additional primary and/or secondary beneficiaries** if *Beneficiary Designation and Change Form – All Tiers* (PPF 60) lacks sufficient space for either or both types. Space is provided here to name beneficiaries for **either or both benefit types** – the **Return of Contributions Benefit** and the **Ordinary Death Benefit**. If you still need additional space after using this form, use a new form PPF 61.
2. Write the percentage payable to each beneficiary in the percent box. **Within each benefit type** (see #1 above), **the percentages for all beneficiaries of the same type (i.e., primary and/or secondary) must total 100%**. Add percentages carefully, especially when using two or more forms.
3. Print one letter or number to a space in black ink. **Do not erase, use correction fluid or cross something out.** If you make a mistake, start over using a new form.
4. If any beneficiary you designate is a minor child, check the box at upper right of that beneficiary's information area. Then obtain and use the *Guardian for a Minor Child Beneficiary Form*, PPF 140.
5. Sign at the bottom of pages 1, 2 and 3, and sign on page 4 in the *Signature* area. **If you mail this form to PPF, your signature on page 4 must be notarized.**
6. Return this form (including intentionally blank pages) with the corresponding *Beneficiary Designation and Change Form* PPF 60 and with *Guardian for a Minor Child Beneficiary* PPF 140 (if used) in person or by mail to: NYC Police Pension Fund, 233 Broadway, New York, NY 10279.
7. For questions about this form, call Membership Services at (212) 693-5850.

*** Changing your beneficiary with the Police Pension Fund does NOT change your beneficiary with your line organization or with the NYC Deferred Compensation Plan.**

Member signature: _____ Tax ID #: Date: / /
mm dd yyyy

IA. Return of Contributions Benefit – Additional Primary Beneficiaries

Primary beneficiary 1:

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Primary beneficiary 2:

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Primary beneficiary 3:

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

IB. Return of Contribution Benefit – Additional Secondary Beneficiaries

Secondary beneficiary 1

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Member signature: _____ Tax ID #: _____ Date: ____/____/____
mm dd yyyy

Secondary beneficiary 2

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

2A. Ordinary Death Benefit – Additional Primary Beneficiaries

Primary beneficiary 1

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Primary beneficiary 2

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Primary beneficiary 3

 %

Check box if this beneficiary is a minor; then use guardian form PPF 140.

First name: _____ M.I.: _____ Check one:
Last name: _____ Male Female
Relationship: _____ Date of birth: ____/____/____
mm dd yyyy
Address: _____ Apt.: _____
City: _____ State: _____ Zip code: _____

Member signature: _____ Tax ID #: _____ Date: ____/____/____
mm dd yyyy

2B. Ordinary Death Benefit – Additional Secondary Beneficiaries (optional)

Secondary beneficiary 1:

%

Check box if this beneficiary is a minor; then use guardian form PPF 140.

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

Secondary beneficiary 2:

%

Check box if this beneficiary is a minor; then use guardian form PPF 140.

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

Form Q. & A.

Question: How many *Supplemental Beneficiary Designation and Change* forms (PPF 61) are enclosed as part of this request?
Answer: I am enclosing _____ (enter 0, 1, 2, or other number) *Supplemental Beneficiary Designation and Change* forms (PPF 61) with this request.

Signature

I request enactment of the designations and changes made on this and all accompanying forms, if any.

Member signature: _____ Tax ID #: _____

Notarization [Required if this form is mailed to the 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
executes this instrument for the purposes herein expressed.

Sworn and executed 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 only

Verified by (print full name): _____ Date: ____/____/____
Entered by (print full name): _____ Date: ____/____/____