New York City Police Pension Fund

"Serving the Finest"

Office Use Only

US DOJ PSOB Beneficiary Designation

Demographics:

First Name: _____ Last Name: _____

Tax ID: _____ Contact Number: _____

Instructions:

This form is for ALL MEMBERS of ALL TIERS

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- This benefit may be payable if the US Department of Justice determines the death was Line-of-Duty.
- This benefit is payable to a spouse, or child(ren) (up to age 18 or 22 if a full time student), in that order. If those social conditions do not exist, the DOJ will honor this beneficiary designation. Please note if you marry or have children after you file this form, the DOJ will pay a then eligible beneficiary.
- A Secondary Beneficiary is paid only if there are no living Primary Beneficiaries upon your death.
- For questions about this benefit please contact the Fund or the DOJ.

Beneficiary:

Type (select **one**): ◯ Primary ◯ Secondary Amount: _____%

◯ I wish to name my estate as the beneficiary

Name: _____ Gender: _____ Date of Birth: ___/___/_____

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

Beneficiary:

Type (select **one**): ◯ Primary ◯ Secondary Amount: _____%

Name: _____ Gender: _____ Date of Birth: ___/___/_____

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

Acknowledgement:

Signature: _____ Date: ___/___/_____

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: _____

Affix notary seal or staff name and signature:

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