New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Minor Beneficiary: Custodian Designation

Demographics:

First Name: _____ Last Name: _____

Tax ID: _____ Contact Number: _____

Instructions:

This form is for ALL TIERS

- Print all requested information and answer each section completely. Mailed forms must be notarized.
- This form is to satisfy the requirements of the Uniform Transfers to Minors Act, which prohibits direct payment to a person under 18. This allows for immediate payment to a minor beneficiary, which eliminates the need for a loved one to petition a Court for control of the money on a minor's behalf.
- Fill out one form for every minor beneficiary.
- If the minor is a beneficiary for multiple benefits, you only need to fill out one form.
- You may elect to have custodian control cease upon the child turning 18 or 21.
- A Successor Custodian gains control if the Primary Custodian cannot, or will not, fulfill required obligations.

Minor Information:

Age Custodianship Ceases (select **one**): ◯ 18 ◯ 21

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

Custodian Info:

Type (select **one**): ◯ Primary ◯ Successor

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

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

Custodian Info:

Type (select **one**): ◯ Primary ◯ Successor

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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