New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Beneficiary Change Form

Demographics:

Please select **one**: ◯ Active Member ◯ Retiree

First Name: _____ Middle Initial: ___ Last Name: _____

Tax ID: _____ Contact Number: _____

General Instructions:

- **THIS FORM IS TWO PAGES. PLEASE READ AND SIGN BOTH PAGES.**
- Print all requested information and answer each section completely. Mailed forms must be notarized.
- If you designate a minor, consider filing PPF Form # 113, Minor Beneficiary Custodian Designation.
- A Secondary Beneficiary is paid only if there are no living Primary Beneficiaries upon your death.
- When designating a trust as a beneficiary, please attach the trust documents and write "In Trust For" in the "Relationship to beneficiary" field

Ordinary Death Benefit:

The Ordinary Death Benefit is for ALL TIERS

- For active Tier 2 members with less than 20 years and all Tier 3 members, ODB is three times the last year's salary.
- For active Tier 2 members with over 20 years of service, or retired but not finalized, ODB is the "Death Gamble." You are retired for Service the day before your death. The annuity, or lump sum value, is paid to your beneficiary(ies).
- Total of all ODB beneficiary designation amounts must add up to 100%.
- To designate more than 2 ODB beneficiaries, file multiple forms but attach them together.
- If you name your estate, DO NOT name any other beneficiaries for this benefit.

ODB Beneficiary:

Amount: _____%

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

☐ I wish to name a trust as the beneficiary

◯ I wish to name my estate as the beneficiary

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

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

ODB Beneficiary:

Amount: _____%

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

☐ I wish to name a trust as the beneficiary

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

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

Acknowledgement:

Signature: _____ Date: ___/___/____

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Return of Contributions:

Return of Contributions is for ACTIVE MEMBERS OF ALL TIERS

- This benefit is payable with the Ordinary Death Benefit in Tiers 2 and 3, and Line-of-Duty Deaths in Tier 2.
- **PLEASE SKIP NAMING ROC BENEFICIARIES IF YOU ARE NO LONGER AN ACTIVE MEMBER.**
- Total of all ROC beneficiary designation amounts must add up to 100%.
- To designate more than 3 ROC beneficiaries, file multiple forms but attach them together.
- If you name your estate, DO NOT name any other beneficiaries for this benefit.

ROC Beneficiary:

Amount: _____%

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

☐ I wish to name a trust as the beneficiary

◯ I wish to name my estate as the beneficiary

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

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

ROC Beneficiary:

Amount: _____%

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

☐ I wish to name a trust as the beneficiary

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

Address: _____ Relationship to beneficiary:

City: _____ State: ____ Zip: _____ _____

ROC Beneficiary:

Amount: _____%

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

☐ I wish to name a trust as the beneficiary

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: