



El Paso Firemen & Policemen's Pension Fund



BENEFICIARY DESIGNATION FORM

- New Designation
 Change Designation

SECTION I: MEMBER INFORMATION

Name: Social Security Number:

Mailing Address:

Street City State Zip Code

Phone Number: Date of Birth: Fire Police

E-Mail Address: Male Female

SECTION II: QUALIFIED SPOUSE INFORMATION (BENEFICIARY)

Name: Date of Birth:

Social Security Number: Date of Marriage:

A copy of marriage certificate, a copy of spouse's photo ID, and a copy of spouse's social security card must be provided to be awarded a benefit.

SECTION III: DOMESTIC RELATIONS ORDER INFORMATION

If you have a Domestic Relations Order in effect, you must supply the Fund with a copy. The Fund will need to evaluate the DRO for qualified status.

Have you ever been divorced while a member of the El Paso Firemen & Policemen's Pension Fund?
 if yes, please provide Divorce Decree Yes No

Do you have a Domestic Relations Order pursuant to a divorce? Yes No

If yes, Alternate Payee's Name:

Please provide Court Order

SECTION IV: QUALIFIED DEPENDENT INFORMATION (BENEFICIARY)

Name: Social Security Number:

Date of Birth:

Name: Social Security Number:

Date of Birth:

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SECTION V: OTHER BENEFICIARY INFORMATION

#1

Name: Relationship:

Address:

Date of Birth: Social Security Number: Distribution %:

#2

Name: Relationship:

Address:

Date of Birth: Social Security Number: Distribution %:

#3

Name: Relationship:

Address:

Date of Birth: Social Security Number: Distribution %:

Total Other Beneficiary Distribution % Must = 100%

SECTION VI: MEMBER AUTHORIZATION

Should I die without leaving a surviving qualified spouse or qualified child or children under Section 12.03 of the Fund's Plan Document, I authorize and direct the Fund to pay to the above-named other beneficiary(ies) that designated portion of any eligible refund of member contributions then credited to my account. This form, upon proper completion and timely receipt in the offices of the El Paso Firemen & Policemen's Pension Fund, supersedes any and all beneficiary designations previously filed by me with the Fund (this references Section 12.03 only and not Section 12.04c).

Printed Name of Member: Date:

Member Signature:

must be signed in the presence of a Notary Public

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____. (SEAL)

Signature of Notary

Commission Expires