

Ordinary Death Benefit

Cash death benefit in the event of my death -- NOT the result of an accident caused in the performance of duty.

Beneficiary 4

Primary beneficiary ☐

OR

Secondary beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

Beneficiary 5

Primary beneficiary ☐

OR

Secondary beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

Beneficiary 6

Primary beneficiary ☐

OR

Secondary beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Fire Pension Fund.

Member signature:

Tax ID or Pension #:

Date:
mm / dd / yyyy

Return of Contributions Benefit

My contributions to the Pension Fund payable in the event of ordinary or accidental death.

Beneficiary 4

%

Primary
beneficiary ☐

OR

Secondary
beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

Beneficiary 5

%

Primary
beneficiary ☐

OR

Secondary
beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

Beneficiary 6

%

Primary
beneficiary ☐

OR

Secondary
beneficiary ☐

First name:

MI:

Date of birth:
mm / dd / yyyy

Last name:

SSN:

Address: Apt.:

City: State: Zip code:

Relationship:

Check if beneficiary is a minor: ☐

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Fire Pension Fund.

Member signature:

Tax ID or Pension #:

Date:

mm / dd / yyyy
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Beneficiary Confirmation:

If the NYC Fire Pension Fund receives this form by mail, the requested beneficiary designations will be confirmed by mail to your home address on record. If you deliver the completed form to NYCFPF in person, same day confirmation is available upon request.

Signature:

I understand that the designations made herein replace any and all prior beneficiary designations I have made as a member of the NYC Fire Pension Fund.

Member signature: _____

Tax ID or Pension #: _____

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Date: _____

mm / dd / yyyy

Notarization:

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

[Please affix stamp or seal]