NEW YORK CITY FIRE PENSION FUND
ONE BATTERY PARK PLAZA, 9TH FLOOR
NEW YORK, NY 10004
(929) 436-0099

Beneficiary Designation of Final Pension Payment

Member Information:

Tax ID or Pension #: | SSN, last 4 digits: | Cell/daytime phone:

First name: | MI: | Date of birth: mm / dd / yyyy

Last name:

Address: | Apt

City: | State: | Zip code:

Email:

1. Use this form to name beneficiaries for any pension benefit owed upon your death.
2. Primary beneficiaries will receive your final pension payment, if applicable. Secondary beneficiaries will only receive a benefit if there are no living primary beneficiaries upon your death. At least one primary beneficiary must be named. Naming secondary beneficiaries is optional. You may name as many beneficiaries of either type as you wish.
3. Check the primary or the secondary designation box for each named beneficiary. If additional beneficiary places are needed, request the Supplemental Beneficiary Designation form.
4. Assign each beneficiary's percentage using whole numbers. The percentages for all beneficiaries of the same type (i.e. primary and secondary) must total 100% when combining all beneficiary forms used.
5. If a beneficiary is under age 18, check the minor beneficiary box. The NYCFPF cannot pay a death benefit directly to a minor. Instead, probate court will appoint a guardian for the minor's estate, with the guardian retaining oversight of the money until the child reaches the age of majority.
6. Sign at the bottom of each page in the signature area. This form must be notarized. Mail or deliver all pages of this form and the Supplemental Beneficiary Designation form, if applicable, to NYC Fire Pension Fund at One Battery Park Plaza, 9th Floor, New York, NY 10004. Forms submitted together must be dated alike.
7. If a beneficiary dies before the member but remains a named beneficiary upon the member's death, his/her benefit will be distributed equally among the surviving beneficiaries. If a single primary beneficiary was named who dies before the member, the member's estate will receive 100% of the benefit. If a beneficiary dies after the member but before the benefits are paid, his/her benefit will be paid to the beneficiary's estate.
8. Do not erase, cross out or use correction fluid. You will receive a letter of acknowledgement when your form has been processed.

Final Pension Payment Benefit

Beneficiary 1 % 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 2 % 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 3 % 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

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 #: | | | | | | | 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]

Limitation:

Changing your beneficiary with the New York City Fire Pension Fund does NOT change your beneficiary with your union (UFA or UFOA) or with the NYC Deferred Compensation Plan. You must change beneficiaries at BOTH the NYCFPF and your union organization. You must also change your beneficiary directly with the NYC Deferred Compensation Plan, as well as with private life insurance policies, if any.

Reminder:

Your beneficiary designation takes precedence over your will. Additionally, the NYC Fire Pension Fund encourages all members to review beneficiary designations annually and after major life events, such as marriage, birth, adoption or divorce.