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

# Beneficiary Designation of Variable Supplements Fund Benefit

## Member Information:

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

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

Last name: | | | | | | | | | | | | | |

# Variable Supplements Fund 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.