



## BENEFICIARY DESIGNATION FORM FOR DROP ACCOUNT – MEMBER

MEMBER'S FULL NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER
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### PRIMARY BENEFICIARIES

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
DATE OF BIRTH		E-MAIL	RELATIONSHIP TO MEMBER %

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
DATE OF BIRTH		E-MAIL	RELATIONSHIP TO MEMBER %

If no percentage (%) is given, your DROP account will be divided equally among any primary beneficiaries who survive you.

To name additional Primary Beneficiaries or to name Contingent Beneficiaries, **initial here** \_\_\_\_\_ and complete page 2.

### MEMBER SIGNATURE

BY SIGNING THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY AND ALL PREVIOUS DESIGNATION(S) I MAY HAVE FILED. THIS BENEFICIARY DESIGNATION WILL CONTINUE IN EFFECT UNTIL A NEW *BENEFICIARY DESIGNATION FORM FOR DROP MEMBERS* IS SUBMITTED, SUBJECT TO THE LAWS AND REGULATIONS GOVERNING THE DROP PROGRAM. THIS BENEFICIARY FORM WILL NOT AFFECT ANY DISTRIBUTION PURSUANT TO A DISSOLUTION JUDGMENT OR COURT ORDER.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_  
 (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

**IMPORTANT** - If your spouse is not the primary beneficiary of your DROP account, your designation is only good for your share of the DROP account unless your spouse consents in writing (see below) that his/her community property share is also to be paid to your designated beneficiary. **Your spouse is not required to sign this consent.**

### SPOUSE SIGNATURE – COMMUNITY PROPERTY WAIVER

**SPOUSE:** BY SIGNING BELOW, I AGREE THAT MY COMMUNITY PROPERTY SHARE OF ALL FUNDS PAID INTO MY SPOUSE'S DROP ACCOUNT SHALL BE PAID TO MY SPOUSE'S DESIGNATED BENEFICIARY(IES) UPON MY SPOUSE'S DEATH AND I WAIVE ANY AND ALL CLAIMS UPON OR TO SAID DROP ACCOUNT WHICH I NOW HAVE OR MAY HAVE IN THE FUTURE. I UNDERSTAND THAT I AM NOT REQUIRED TO SIGN THIS CONSENT AND THAT, BY DOING SO, I AM FREELY AND VOLUNTARILY GIVING UP ALL MY RIGHTS TO THESE MONIES EARNED DURING OUR MARRIAGE. I UNDERSTAND THAT I MAY REVOKE MY CONSENT AS PROVIDED IN PROBATE CODE SECTION 5031 BEFORE, BUT NOT AFTER, MY SPOUSE'S DEATH.

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS\*: \_\_\_\_\_ **\*IF NOT WITNESSED BY LAFPP STAFF, SPOUSE'S SIGNATURE MUST BE NOTARIZED. NOTARY FORM MUST BE ATTACHED.**  
 ADMINISTRATIVE STAFF MEMBER

# BENEFICIARY DESIGNATION FORM FOR DROP ACCOUNT – MEMBER (CONT.)

## ADDITIONAL PRIMARY BENEFICIARIES

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

In the event that none of my primary beneficiaries survives me, I hereby designate the following person(s) as Contingent Beneficiaries. **Initial here:** \_\_\_\_\_

## CONTINGENT BENEFICIARIES

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NUMBER
ADDRESS (NUMBER AND STREET)			DATE OF BIRTH
(CITY)		(STATE)	(ZIP CODE)
E-MAIL	RELATIONSHIP TO MEMBER		%

**If you have any questions, please contact the DROP/Service Pensions Section.**

**Note: Please return the original to the address listed below and retain a copy for your records.**

**Los Angeles Fire and Police Pensions  
Attn: DROP/Service Pensions Section  
701 E. 3rd Street, Suite 200  
Los Angeles, CA 90013**

**Telephone: (844) 88-LAFPP Ext. 93100  
(213) 279-3100**

**Email: [dropsp@lafpp.com](mailto:dropsp@lafpp.com)**

[lafpp.lacity.gov](http://lafpp.lacity.gov)