

HOW TO FILL OUT A BENEFICIARY DESIGNATION FORM

If you should pass away prior to retirement with no one “qualified” to receive a pension, a refund of your contributions plus interest will be paid to your beneficiary(ies). It is important that you designate one or more beneficiaries to avoid the delay of probate. Please follow the instructions below:

<p>1 – MEMBER INFORMATION</p> <p>Fill out all your personal information.</p> <p>(Date of Hire is the first day you started at the Academy/Drill tower)</p>	<p>2 – PRIMARY BENEFICIARY DESIGNATION</p> <p>Include at least one designation. Fill in all information that you know.</p> <p>Examples: Spouse, Domestic Partner, Significant Other, Child, Parent, Sibling or Other</p> <p>If you have more than 3 persons, write additional names on page 2.</p> <p>If you designate a domestic partnership, a domestic partnership must be filed with the State or with LAFPP. Download a Domestic Partnership Declaration form at www.LAFPP.com and submit with this document.</p>	<p>3 – % OF BENEFIT - BENEFICIARY DESIGNATION</p> <p>If you have more than one designation, it is strongly recommended that you identify how the distributions will be divided.</p> <p>Make sure the percentage adds up to 100%.</p> <p>Sample: Primary 1 – spouse - 34% Primary 2 – child 1 - 33% Primary 3 – child 2 - 33%</p>
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DESIGNATION OF BENEFICIARY FORM FOR TIER 6 MEMBERS (Please submit the original form and retain a copy for yourself.)

Should you die prior to retirement leaving no one qualified for a pension benefit, your contributions may be refunded. Please designate below the person(s) that you want to receive any refund of your pension contributions (including interest) that may become payable if you die before retiring and prior to entering DROP or if you die after electing a deferred pension but prior to being paid a pension. (This designation form does not apply to any DROP funds.) **Be sure to read the “Instructions for Tier 6 Beneficiary Designation Form” before completing this form.**

1. MEMBER INFORMATION			
LAST NAME:	FIRST NAME:	MI:	SOCIAL SECURITY NUMBER:
STREET ADDRESS:	DATE OF BIRTH:	XXX - XX - TELEPHONE:	
CITY:	STATE:	ZIP:	DATE OF HIRE:
E-MAIL:	DEPARTMENT (CHECK ONE): <input type="checkbox"/> LAFD <input type="checkbox"/> LAFD <input type="checkbox"/> HARBOUR <input type="checkbox"/> AIRPORT		
2. BENEFICIARY DESIGNATION (Your contributions will be divided equally among your primary beneficiaries, unless you indicate otherwise. If none of your primary beneficiaries survive you, your contributions will then be divided equally among your contingent beneficiaries. See attached instructions for additional information prior to completing this section.)			
PRIMARY 1 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
PRIMARY 2 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
PRIMARY 3 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
NOTE: Contributions will be divided equally unless percentage of benefit is specified.			
CONTINGENT 1 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
CONTINGENT 2 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
CONTINGENT 3 – BENEFICIARY NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:	TELEPHONE:	% OF BENEFIT (OPTIONAL):	
3. SIGNATURE – By signing below I make the designations set forth above and revoke any prior designation on file with the Plan.			
MEMBER'S NAME (PRINT)	MEMBER'S SIGNATURE	DATE	

4 – CONTINGENT BENEFICIARY DESIGNATION

In the event all persons under Primary designation are deceased, we look to your assigned contingent designations.

DO NOT designate the **same** individuals for Primary and Contingent.

Make sure the percentage adds up to 100%.

Sample:
 Primary 1 – Spouse - 60%
 Primary 2 – Child 1 – 40%

Contingent 1 – Mother – 50%
 Contingent 2 – Father – 50%

5 - SIGNATURE
 Print your name, Sign, and Date.

THIS FORM SUPERSEDES ANY PREVIOUS BENEFICIARY FORM SUBMITTED TO LOS ANGELES FIRE AND POLICE PENSIONS.

TURN OVER FOR PAGE 2 OF DOCUMENT

HOW TO FILL OUT A BENEFICIARY DESIGNATION FORM – PAGE 2

The information on this page helps us to identify any qualified survivors eligible to receive a pension (other eligibility requirements apply). Please fill out all applicable information below.

1 – MEMBER INFORMATION

Enter your name and last four (4) of your social security number.

2 – SPOUSE INFORMATION

Enter your spouse/domestic partner’s maiden information.

A domestic partnership must be filed with the State or with LAFPP. Download a **Domestic Partnership Declaration** form from our website at www.LAFPP.com and submit with this document.

DESIGNATION OF BENEFICIARY FORM FOR TIER 6 MEMBERS (CONT.)

MEMBER'S LAST NAME:		FIRST NAME:	MI:	SOCIAL SECURITY NUMBER: XXX - XX -
4. SPOUSE (Provide name used prior to marriage. See instructions)				
LAST NAME, FIRST NAME, MI:		SOCIAL SECURITY NUMBER (OPTIONAL):		CHECK ONE: <input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER
DOMESTIC PARTNERSHIP DECLARATION IS FILED WITH: <input type="checkbox"/> LA FIRE & POLICE PENSIONS <input type="checkbox"/> STATE OF _____		SPOUSE/DOMESTIC PARTNER DATE OF BIRTH: / /		DATE OF MARRIAGE/FILING DATE OF DOMESTIC PARTNERSHIP DECLARATION: / /
5. PRIOR MARRIAGES (Provide name used prior to marriage to member. See instructions)				
LAST NAME, FIRST NAME, MI:		HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION		WHERE: / / /
LAST NAME, FIRST NAME, MI:		HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION		WHERE: / / /
LAST NAME, FIRST NAME, MI:		HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION		WHERE: / / /
6. MINOR CHILDREN / DEPENDENT CHILDREN / DEPENDENT PARENTS				
LAST NAME, FIRST NAME, MI:		SOCIAL SECURITY NUMBER (OPTIONAL):		CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT
LAST NAME, FIRST NAME, MI:		SOCIAL SECURITY NUMBER (OPTIONAL):		CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT
LAST NAME, FIRST NAME, MI:		SOCIAL SECURITY NUMBER (OPTIONAL):		CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT

3 – PRIOR MARRIAGES

Provide the name(s) of any former spouse(s) or domestic partner(s) and other requested information.

4 -MINOR CHILDREN / DEPENDENT CHILDREN / DEPENDENT PARENT

List all natural and adopted children. “Dependent Children” is a child who became disabled from earning a livelihood prior to age 21. “Dependent Parent” is a parent who relies on you for at least half of his/her living expenses.

Frequently Asked Questions:

Q: I’ve listed my spouse and children on Page 1, do I need to list them on page 2 again?

A: Yes, please list your spouse and children on page 2 again.

Q: Can I list more than 3 primary/contingent designations (i.e. 3 children)?

A: Yes, write additional names and information on the blank space on page 2.

Q: What if I don’t know anyone’s Social Security Number?

A: Social Security number is optional. Try to provide as much identifying information as possible.

Q: Can I update this in the future?

A: Yes. It is highly recommended that you update after a major life event (marriage, divorce, or birth of child). You should also contact Personnel Department to update your medical and dental dependents.

Q: Can I update this information online?

A: At this time, we are unable to offer the ability to update online. Please fill out a new form and email to amssection@lafpp.com, fax, or mail to our offices.

Please visit our website at www.lafpp.com or call the Active Member Services Section at (213) 279-3140 for more information.