



Participant Beneficiary Designation/Change Form

Deferred Retirement Option Program (DROP)

Police Pension Plan

To designate more than two primary beneficiaries or more than one contingent beneficiary, use additional copies of this form as needed. If additional forms are required, the total percentage between all forms must equal 100%. Write the sequence of multiple pages at the top of each form (for example, page 1 of 2).

Please keep your beneficiary designation current and maintain a copy for your records.

1. Participant Information (please print):

Name:	Employee ID:
<input type="checkbox"/> New Beneficiary <input type="checkbox"/> Change Beneficiary	SSN (Last 4):
Address:	Date of Birth:
Email Address:	Phone:

2. Beneficiary Information (Up to two Primary Beneficiaries may be selected)

Beneficiary Name:	Relationship:	Distribution (%):
Date of Birth:	SSN:	
Street Address:	Daytime Phone:	
City:	State:	Zip:
Beneficiary Name:	Relationship:	Distribution (%):
Date of Birth:	SSN:	
Street Address:	Daytime Phone:	
City:	State:	Zip:
Contingent Beneficiary		
Beneficiary Name:	Relationship:	Distribution (%):
Date of Birth:	SSN:	
Street Address:	Daytime Phone:	
City:	State:	Zip:

Member Certification: I hereby designate the person(s) entered in the Beneficiary Information section of this form as beneficiary to my DROP account. I understand that this election revokes any previous beneficiary designation.

Member Signature:

Date:

Witness Signature:

Date:

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