



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

## **Beneficiary Designation of Life Insurance Fund Benefit**

### **Member Information:**

Date: \_\_\_\_\_  
mm / dd / yyyy

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: \_\_\_\_\_

1. Use this form to name beneficiaries for the Life Insurance Fund Benefit. The benefit is currently \$8,500.00 for all active members. For retired members whose death occurred **prior** to July 1, 2017, the benefit is \$6,000.00. For retired members whose death occurs **on or after** July 1, 2017, the benefit is \$7,500.00. **The most recent beneficiary form filed with the NYCFPF takes precedence over all prior beneficiary forms.**
2. **Primary beneficiaries** will receive your life insurance benefit. **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. 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 interest, 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, 9<sup>th</sup> 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 acknowledgment when your form has been processed.

## Life Insurance Fund Benefit

**Beneficiary 1**

%

Primary  **OR** Secondary   
beneficiary 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  **OR** Secondary   
beneficiary 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  **OR** Secondary   
beneficiary 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

## Life Insurance Fund Benefit (continued)

**Beneficiary 4**

%

Primary  **OR** Secondary   
beneficiary 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 5**

%

Primary  **OR** Secondary   
beneficiary 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 6**

%

Primary  **OR** Secondary   
beneficiary 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: \_\_\_\_\_

**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.

**Forms Enclosed:**

\_\_\_\_\_ ◀ Write the number of **Supplemental** Life Insurance Fund Beneficiary Designation forms, **if any**, that are enclosed with this Beneficiary Designation form.

**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.