



3801 Hulen Street, Suite 101  
 Fort Worth, Texas 76107  
 Phone: 817.632.8900

## Beneficiary Designation Death Benefit Form for Retired Members Only

**READ CAREFULLY BEFORE COMPLETING:** This form is for retired members of the Fort Worth Employees' Retirement Fund. Please note that your surviving spouse is primary and s/he supersedes anyone else you designate. The person(s) that you designate as your beneficiary(ies) on this form will receive the Death Benefit per the Retirement Ordinance.

### Section I. Personal Data

Is this a new address?  Yes  No

Retiree's Name (Last, First, M.I.)	Social Security Number	Page ___ of ___ <small>(Use only if additional forms are attached)</small>
Mailing Address (Street Address, City, State, Zip + 4)		Home Phone Number
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Date of Marriage (if applicable)	Alternate Phone Number

### Section II. Beneficiary Designation

**If you are MARRIED, your spouse is automatically your primary beneficiary. Place an "X" in the appropriate box to specify whether the beneficiary is primary or contingent. The "primary" beneficiary(ies) will receive the Death Benefit upon your death. The "contingent" beneficiary(ies) will receive the Death Benefit ONLY if the primary is deceased.**

PRIMARY	<input checked="" type="checkbox"/>	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (Street Address, City, State, Zip + 4)				Social Security Number	

#### Check whether beneficiary is the primary or contingent

PRIMARY	<input type="checkbox"/>	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
CONTINGENT	<input type="checkbox"/>				
Mailing Address (Street Address, City, State, Zip + 4)				Social Security Number	

PRIMARY	<input type="checkbox"/>	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
CONTINGENT	<input type="checkbox"/>				
Mailing Address (Street Address, City, State, Zip + 4)				Social Security Number	

I hereby certify that the information provided on this form is true and correct to the best of my knowledge. I understand that any deliberate misrepresentation for the purpose of obtaining benefits is an offense punishable by law.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness  
*(must not be a beneficiary)*

\_\_\_\_\_  
Date

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