



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

## Beneficiary Designation

### Defined Benefit Plan

for Active Members

**Read instructions on 2nd page before completing this form.**

### Section I. Personal Data

Employee'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)		Primary 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

<b>SPOUSE</b>	Last Name, First, M.I.	Date of Birth
Mailing Address (City, State, Zip + 4)		Social Security Number

#### Spouse's Consent to waive rights

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_, understand that I am entitled to receive my spouse's contributions plus interest payable under the provisions of the Employees' Retirement Fund pertaining to active members that become deceased prior to retirement. I further understand that my spouse wishes to designate someone other than me to be his or her beneficiary(ies). I hereby consent to such designation and waive any rights I may have to the benefit payable under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan. I also understand that I do not have to sign this consent and am signing this consent voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature Witnessed this day \_\_\_/\_\_\_/\_\_\_ By:

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_, County of \_\_\_\_\_

(NOTARY SEAL)

#### Primary Beneficiary(ies)

PRIMARY	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (City, State, Zip + 4)				Social Security Number
Mailing Address (City, State, Zip + 4)				Social Security Number

#### Contingent Beneficiary(ies)

CONTINGENT	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (City, State, Zip + 4)				Social Security Number
Mailing 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 Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (not beneficiary)

\_\_\_\_\_  
Date

## All Active Employees

Is your beneficiary election up to date? In an effort to complete our files, we are asking that you complete the *Beneficiary Designation* Form (if applicable). You should complete this form if the annual benefit statement (you recently received) indicated that we do not have this form on file or if you would like to make changes to the current form on file.

This form is for active members of the Fort Worth Employees Retirement Fund (FWERF). The person(s) that you designate as your beneficiary(ies) on this form will receive your contributions plus interest payable upon your death if it occurs prior to retirement.

It is intended to ensure that unmarried or non-vested employees have the opportunity to designate their desired beneficiary(ies) to receive the contributions paid into the fund. This beneficiary designation also applies to unmarried active employees participating in the deferred retirement option program (DROP). In no way does this form impact any eligible surviving spouse benefits. A member's surviving spouse is automatically the beneficiary unless he or she signs the *Spousal Consent* to waive their rights on the beneficiary designation form attached.

**SPOUSE'S CONSENT:** Fill this out only if you & your spouse want to name someone else as a beneficiary to your retirement benefits.

**PRIMARY BENEFICIARY(IES):** If you are not married or if your spouse has waived consent, then Please list your primary beneficiary(ies).

**CONTINGENT BENEFICIARY(IES):** Fill this portion out regardless if you are married or single or if your spouse has waived consent. Please list the persons you want your retirement benefit to go to if your primary beneficiary(ies) or spouse predecease you.

**Note:** The witness to your signature must not be one of your listed beneficiaries.

If you have legal or estate planning questions, we suggest you contact a legal, tax, or financial advisor. However, if you have questions regarding the FWERF plan, please contact our office at 817-632-8900

If you have additional Primary or Contingent beneficiaries, please complete a second form and label it page 2 at the top.