FORT WORTH EMPLOYEES' RETIREMENT FUND

☐ Initial Designation ☐ Change

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Beneficiary Designation
Defined Benefit Plan
for Active Members

READ CAREFULLY BEFORE COMPLETING: This form is for active members of the Fort Worth Employees' Retirement Fund. The person(s) that you designate as your beneficiary(ies) on this form will receive your contributions plus interest payable upon your death prior to retirement per the Retirement Ordinance.

Section I. Personal Data

Is this a new address? ☐ Yes ☐ No

Employee's Name (Last, First, M.I.)	Social Security Number	Page ___ of ___ (Use only if additional forms are attached)
Mailing Address (City, State, ZIP + 4)		Work Phone Number ( )
Marital Status ☐ Married ☐ Single	Date of Birth	Home Phone Number ( )

Section II. Beneficiary Designation

If you are MARRIED, your spouse is automatically your primary beneficiary unless he or she waives their right and consents to another beneficiary(ies). See Spouse's Consent located at the bottom of this election BEFORE designating your beneficiary(ies).

Place an "X" in the appropriate box to specify whether the beneficiary is primary or contingent. The "primary" beneficiary(ies) will receive your contributions plus interest upon your death. The "contingent" beneficiary(ies) will receive your contributions plus interest ONLY if the primary is deceased.

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

Check whether beneficiary is the primary or contingent

PRIMARY ☐ CONTINGENT ☐	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (City, State, ZIP + 4)		Social Security Number		
PRIMARY ☐ CONTINGENT ☐	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
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 *(must not be a beneficiary)* | Date

SPOUSE'S CONSENT

I, _____, am the spouse of _____, I 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 supercedes any prior spousal consent or waiver under this plan.

Signature _____ Date _____

Signature Witnessed this day _____/_____/_____ By:

_____ (NOTARY SEAL)

Notary Public
State of _____, County of _____