FORT WORTH EMPLOYEES' RETIREMENT FUND

☐ Initial Designation ☐ Change

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Fort Worth, Texas 76107
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Beneficiary Designation
Defined Benefit Plan
For Vesting Members

READ CAREFULLY BEFORE COMPLETING: This form is for vesting members of the Employees' Retirement Fund of the City of Fort Worth. 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 (Street Address, City, State, Zip + 4)		Home Phone Number ( )
Marital Status ☐ Married ☐ Single	Date of Birth	Alternate Phone Number ( )

Section II. Beneficiary Designation

If you are MARRIED, your spouse is automatically your primary beneficiary unless s/he 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 (Street Address, City, Slate, Zip + 4)		Social Security Number		If spouse, Date of Marriage:
Check whether beneficiary is the primary or contingent				
PRIMARY ☐ CONTINGENT ☐	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
Mailing Address (Street Address, City, State, Zip + 4)		Social Security Number		
PRIMARY ☐ CONTINGENT ☐	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
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 Employee

_____ Date

_____ Signature of Witness *(must not be a beneficiary)*

_____ Date

VESTING

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 supersedes any prior spousal consent or waiver under this plan.

Signature _____ Date _____

Signature Witnessed this day _____/_____/_____ By:

_____
Notary Public
State of _____, County of _____

(NOTARY SEAL)