FORT WORTH EMPLOYEES' RETIREMENT FUND

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Beneficiary Designation
Death Benefit Form
for Retired Members Only

☐ Initial Designation ☐ Change

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 he/she 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 ___ (Use only if additional forms are attached)
Mailing Address (City, State, ZIP + 4)		Home Phone Number ( )
Marital Status ☐ Married ☐ Single ☐ Widowed	Date of Birth	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.

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

Check whether beneficiary is the primary or contingent

	Last Name, First, M.I.	Percentage	Date of Birth	Relationship
PRIMARY ☐ CONTINGENT ☐				
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 Retiree

_____ Date

_____ Signature of Witness
(must not be a beneficiary)

_____ Date

RETIREE