

**FIREFIGHTERS' PENSION & RELIEF FUND
FOR THE CITY OF NEW ORLEANS**

3520 General DeGaulle, Suite 3001
New Orleans, Louisiana 70114
Telephone: (504) 366-8102
Facsimile: (504) 366-8103

DESIGNATION OF BENEFICIARY FOR RETIREMENT OPTION

A. Under the Retirement Option I elected in accordance with La. R.S. 11:3385, I hereby designate the following Beneficiary to receive a survivor annuity following my death:

NAME OF DESIGNATED BENEFICIARY _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

RELATIONSHIP: _____

DATE OF BIRTH: _____

I understand that the above Designation will have effect as a valid Designation of my Beneficiary, subject to my election of a Retirement Option, consisting of a reduced annuity payable over my life with survivor benefits payable to my Designated Beneficiary upon my death.

B. I understand that I may not change, revoke or rescind the above Beneficiary Designation as it relates to my Retirement Option after my Annuity Starting Date. Further, I understand that if my Designated Beneficiary predeceases me, no survivor benefits under La. R.S. 11:3385 will be payable to anyone.

C. I also understand that the above Designation will not apply to any other death benefits payable by the Fund following my death, and that such other benefits will be payable instead in accordance with any separate Beneficiary Designation I may make.

Executed this _____ day of _____, 20_____, at
New Orleans, Louisiana, before the undersigned witnesses.

WITNESSES:

SIGNATURE OF ACTIVE FIREFIGHTER

PRINT NAME OF FIREFIGHTER

ADDRESS

SOCIAL SECURITY NO. OF FIREFIGHTER