

**FIREFIGHTERS' PENSION & RELIEF FUND
FOR THE CITY OF NEW ORLEANS**
3520 General De. Gaulle Suite #3001
New Orleans, Louisiana 70114
(504) 366-8102
(504) 366-8103 fax

**DESIGNATION OF BENEFICIARY FOR UNMARRIED, ON DUTY/ NON DUTY
DEATH SURVIVOR BENEFIT**

A. I hereby designate the following Beneficiary or Beneficiaries to receive any survivor death benefits* payable as a result of my on duty or non duty death:

DESIGNATED BENEFICIARY: _____
ADDRESS: _____

SOCIAL SECURITY NUMBER: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____

B. If the person named above as my Designated Beneficiary should predecease me, the survivor death benefit shall be payable in its entirety the following Contingent Beneficiary:

CONTINGENT BENEFICIARY(IES): _____
ADDRESS: _____

SOCIAL SECURITY NO: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____

C. If my Designated Beneficiary disclaims the Survivor Death Benefit, I understand the benefit will be paid as though the disclaiming Designated Beneficiary did not survive me.

D. In the event my Designated Beneficiary and Contingent Beneficiary predecease me, and except as otherwise noted by me herein, I hereby designate as my Beneficiary to receive the death benefit payable those persons who survive me and are included in the first of the following classes as composed at the time of my death, irrespective of how such classes are presently composed on the date of this Designation:

*If you marry after completing this Designation of Beneficiary form, at your death, your surviving spouse will receive the benefits set forth in the law and as explained in the Summary Plan Description. Such benefits will be paid in lieu of the on duty/non duty death survivor benefit. Thus, if you are married at the time of your death, this Designation of Beneficiary form will be invalid.

- (a) My Surviving Children
- (b) My Surviving Parents
- (c) My Estate, if a Succession is opened
- (d) My Heirs

I understand that the above Designations will have effect as a valid Designation of my Beneficiaries upon my death, even though the classes listed may include persons not now living or known to me.

E. I understand that I must notify the Trustees of the Fund if I wish to change or revoke the above Beneficiary Designations applicable to the Survivor Death Benefit, and that any new designation will have no effect unless it is made in writing and filed with the Fund prior to my death.

F. I hereby revoke and rescind all previous Designations of Beneficiaries filed with the Fund relative to the Survivor Death Benefit payable.

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge and belief.

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

WITNESSES:

SIGNATURE OF ACTIVE FIREFIGHTER

PRINT NAME OF FIREFIGHTER

ADDRESS

SOCIAL SECURITY NO. OF FIREFIGHTER

 *If you marry after completing this Designation of Beneficiary form, at your death, your surviving spouse will receive the benefits set forth in the law and as explained in the Summary Plan Description. Such benefits will be paid in lieu of the on duty/non duty death survivor benefit. Thus, if you are married at the time of your death, this Designation of Beneficiary form will be invalid.