

**DESIGNATION OF BENEFICIARY
OF LIFE INSURANCE BENEFITS**

This form is applicable to ALL members of the fund

**TO THE BOARD OF TRUSTEES OF THE
NEW YORK FIRE DEPARTMENT LIFE INSURANCE FUND**

In accordance with the Title 13 of the Administrative Code of the City of New York, I submit this nomination of beneficiary (ies). Should I survive the following beneficiary (ies), the benefits shall be paid to my estate. This designation revokes any designation previously filed with the Board of Trustees.

PRINCIPAL BENEFICIARY (IES)

NAME	RELATIONSHIP	ADDRESS

ALTERNATE BENEFICIARY (IES)

NAME	RELATIONSHIP	ADDRESS

Unless otherwise indicated, multiple beneficiaries will share benefit equally; surviving beneficiaries will share equally.

I have hereunto affixed my signature this _____ day of _____, 20_____

Print Name: _____ Signature: _____

Social Security No: _____ Tax Registry No: _____

Date of Appointment: _____ Rank or Grade: _____ Unit: _____

Retirement Date (if applicable): _____ Pension No: _____

FORWARD THIS FORM TO: FDNY Headquarters, 9 MetroTech Center, Pension Bureau 6th Floor, Brooklyn, NY 11201-3857

State of _____, County of _____

On this _____ day of _____, 20_____, personally appeared before me the said _____ to me known to be the individual described in and who executed the foregoing instrument and he/she duly acknowledged to me that he/she executed the same.

Signature of Notary or Commissioner of Deeds
Affix Seal if Any