

**DEPARTMENT OF FIRE AND POLICE PENSIONS  
DROP BENEFICIARY DESIGNATION FORM**

Department of Fire and Police Pensions ~ 360 East Second Street, Suite 400 ~ Los Angeles, CA 90012  
(213) 978-4568 ♦ [www.lafpp.com](http://www.lafpp.com)

I wish to designate the following person to be the beneficiary of my DROP account:

Primary Beneficiary's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If the primary beneficiary named above is deceased, I then designate:

Contingent Beneficiary's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Relationship: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Beneficiary's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To name additional beneficiaries, initial here \_\_\_\_\_ and fill out the second page of this form.

*Unless you indicate otherwise, your DROP account will divided equally among any primary beneficiaries who survive you. If none of your primary beneficiaries survive you, your DROP account will then be divided equally among your contingent beneficiaries.*

Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Member's Name (Print) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Member's Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(Complete this only if you want your DROP account to go to someone other than your spouse.)**

***If your spouse is not the primary beneficiary of your DROP account, your designation is only good for your share of the DROP account unless your spouse consents in writing that his/her community property share is also to be paid to your designated beneficiary.  
Your spouse is not required to sign this consent.***

By signing below, I agree that my community property share of all funds paid into my spouse's DROP account shall be paid to my spouse's designated beneficiary(ies) upon my spouse's death and I waive any and all claims upon or to said DROP account which I now have or may have in the future. I understand that I am not required to sign this consent and that, by doing so, I am freely and voluntarily giving up all my rights to these monies earned during our marriage. I understand that I may revoke my consent as provided in Probate Code Section 5031 before, but not after, my spouse's death.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Administrative Staff Member

(If not witnessed by staff, spouse's signature must be notarized—attach notary form.)

Note: This beneficiary designation will continue to be effective unless the member submits (and the Fire & Police Pension Department receives) a new DROP Beneficiary Designation Form. This beneficiary form will not effect any distribution pursuant to a dissolution judgment or court order.

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**Additional Primary Beneficiaries** (Complete this section only if you want to name more primary beneficiaries than you had room to list on the first page of this form):

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_

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**Additional Contingent Beneficiaries** (Complete this section only if you want to name more contingent beneficiaries than you had room to list on the first page of this form):

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  
SSN: \_\_\_\_\_  
City \_\_\_\_\_