

# DESIGNATION OF BENEFICIARY FORM AND INSTRUCTIONS For TIER 3 MEMBERS



Department of Fire and Police Pensions  
360 East Second Street, Suite 400  
Los Angeles, CA 90012-4203  
(213) 978-4522  
[www.lacity.org/pen](http://www.lacity.org/pen)

**DEPARTMENT OF FIRE AND POLICE PENSIONS  
DESIGNATION OF BENEFICIARY FORM FOR  
TIER 3 MEMBERS**

Department of Fire and Police Pensions ~ 360 East Second Street, Suite 400 ~ Los Angeles, CA 90012  
(213) 978-4522 ♦ [www.lacity.org/pen](http://www.lacity.org/pen)

THIS DESIGNATION OF BENEFICIARY FORM ONLY TAKES EFFECT IF YOU DIE WHILE AN ACTIVE MEMBER OR IF YOU ELECT THE DEFERRED PENSION OPTION BUT DIE PRIOR TO BEING PAID A PENSION. **THIS FORM WILL BE USED IN CASES INVOLVING AN IN-SERVICE DEATH FOR A DECEASED MEMBER'S REFUND OF PENSION CONTRIBUTIONS AND ACCRUED INTEREST. THIS FORM DOES NOT APPLY TO RETIREES WHO ARE ALREADY RECEIVING PENSION BENEFITS (I.E. SERVICE PENSION OR DISABILITY PENSION) PURSUANT TO THE PROVISIONS OF TIER 3. THIS FORM ALSO DOES NOT APPLY TO MEMBERS WHO JOIN DROP (DEFERRED RETIREMENT OPTION PLAN). THERE IS A SEPARATE DROP BENEFICIARY DESIGNATION FORM TO BE COMPLETED BY MEMBERS WHO JOIN DROP.** EACH TIER HAS ITS OWN PROVISIONS ON WHAT BENEFICIARIES ARE ENTITLED TO RECEIVE. BEFORE COMPLETING THIS FORM, READ THE ATTACHED "MEMBER INFORMATION FOR DESIGNATION OF BENEFICIARY FORM INSTRUCTIONS FOR TIER 3 ONLY" VERY CAREFULLY AS THEY PROVIDE OTHER IMPORTANT INFORMATION REGARDING COMMUNITY PROPERTY INTEREST, DOMESTIC PARTNERS, MINOR AND DEPENDENT CHILDREN, AND DEPENDENT PARENTS.

**1. MEMBER INFORMATION**

<hr/> Member Name (Last Name, First Name, MI)	Dept: LAFD / LAPD _____ (Circle One)	- - Social Security Number
<hr/> Street Address	<hr/> Work Phone	<hr/> Date of Hire
<hr/> City	<hr/> State	<hr/> ZIP
	<hr/> Home Phone	<hr/> Date of Birth

**2. SPOUSE (Provide name used prior to marriage to member) / DOMESTIC PARTNER**

<hr/> Last Name, First Name, MI	<u>SPOUSE / DOMESTIC PARTNER</u> (Circle One)	<hr/> Date of Birth	<hr/> Date of Marriage/Date Domestic Partnership Declaration Filed with Fire and Police Pensions
<hr/> Social Security Number			

**3. PRIOR MARRIAGES (Provide name used prior to marriage to member. See instructions)**

<hr/> Last Name, First Name, MI	How Ended	Date Ended
<hr/>	Death, Dissolution (Circle one)	<hr/>
<hr/>	Death, Dissolution (Circle one)	<hr/>
<hr/>	Death, Dissolution (Circle one)	<hr/>

**4. MINOR CHILDREN / DEPENDENT CHILDREN / DEPENDENT PARENTS**

Last Name, First Name, MI	Social Security Number	Indicate if Minor Child, Dependent Child or Dependent Parent	Date of Birth
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

**THIS FORM SUPERSEDES ANY PREVIOUS BENEFICIARY FORM SUBMITTED TO  
THE DEPARTMENT OF FIRE AND POLICE PENSIONS**

**5. BENEFICIARY DESIGNATION (Your contributions will be divided equally among your primary beneficiaries, unless you indicate otherwise. If none of your primary beneficiaries survive you, your contributions will then be divided equally among your contingent beneficiaries. See attached instructions for additional information prior to completing this section.)**

<u>Last Name, First Name, MI</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Beneficiary Percentage</u>
<b>Primary:</b>				
_____				
_____				
<b>Contingent:</b>				
_____				
_____				

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

**6. SPOUSAL CONSENT AND COMMUNITY PROPERTY WAIVER**

**To the Member's Spouse:** You are **not required** to sign this consent. If you do sign this consent, you are agreeing to give up your community property interest in your spouse's retirement contributions and you will **not** receive any of the contributions if the Member dies. If you do not sign and the Member dies, the Member's share of the contributions will go to the beneficiary(ies) designated by the Member and your community property share will be paid to you.

I hereby consent to the payment to the designated beneficiary(ies) shown above of the accumulated contributions of my spouse \_\_\_\_\_, the Member, which are now or which may in the future be in the Fire and Police Pension Plan. By signing this consent, I agree that my community property share of all contributions shall be paid to the designated beneficiary(ies) upon the Member's death and I waive any and all claims upon or to said accumulated contributions which I now have or may have in the future. I understand I may revoke my consent as provided in Probate Code Section 5031 before, but not after, the Member's death.

**Signing below will give up your rights to your community property interest in the member's contributions:**

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

This form must be signed in the presence of Pensions' staff or your signature must be notarized.

**Pensions' Staff Witness**

This Spousal Consent form was signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_

Printed Name & Signature of Pensions' Staff Member \_\_\_\_\_

**OR**

**Notary's Acknowledgement:**

State of \_\_\_\_\_ } County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument, and acknowledged to me and he/she executed same in his/her authorized capacity, and that by his/her signature on the instrument the person or entity upon behalf of which the person acted, executed the instrument.

**WITNESS** my hand and official seal

\_\_\_\_\_  
Signature of Notary

**7. SIGNATURE – By signing below I revoke any prior designations on file with the Plan.**

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF FIRE AND POLICE PENSIONS**  
**MEMBER INFORMATION FOR DESIGNATION OF BENEFICIARY FORM**  
**INSTRUCTIONS FOR TIER 3 ONLY**

1. **MEMBER INFORMATION** – This information is required to verify that you are a Tier 3 member. Tier 3 members are generally those hired or rehired on or after December 8, 1980 through June 30, 1997. Call Member Services at (213) 978-4522 if you are not sure of your membership tier.
2. **SPOUSE/DOMESTIC PARTNER** - If you are married, fill in the requested information, providing your spouse's name prior to your marriage. If you have a domestic partner, fill in the requested information. (A domestic partnership is considered established when both partners file a Declaration of Domestic Partnership **with the Department of Fire and Police Pensions**, provided all applicable requirements are met.)

Even if you already filed an Affidavit of Domestic Partnership with the City of Los Angeles Personnel Department, you are still required to file a Declaration of Domestic Partnership with the City of Los Angeles Department of Fire and Police Pensions. **The Affidavit you filed with the Personnel Department is not sufficient for pension benefit purposes.** Contact Member Services at (213) 978-4522 to request information and forms on domestic partnership.

3. **PRIOR MARRIAGES** - Provide the name(s) of any former spouse(s). Write the name(s) your spouse(s) used prior to your marriage. Depending upon how the court disposed of the community property interest in your Plan benefits, your former spouse(s) may be entitled to a portion of any contributions paid from your account upon your death or if you get a refund of contributions. Any interest in your contributions awarded by the court to your former spouse belongs to him/her, not you.
4. **MINOR CHILDREN / DEPENDENT CHILDREN / DEPENDENT PARENTS** - List all natural and adopted children. If you have a child who became disabled from earning a livelihood prior to age 21, list that child as a "Dependent Child." If you have a parent who relies on you for at least half of his/her support, list that parent as a "Dependent Parent." Be aware that additional documentation is required to establish a child as a dependent child and a parent as a dependent parent. Refer to the section "A Word About Documentation."
5. **BENEFICIARY DESIGNATION** - **Please read the following carefully before you designate a beneficiary.** Should you die prior to retirement leaving no one qualified for a pension benefit pursuant to the provisions of Tier 3 and you do not have a beneficiary designation on file with the Plan, your pension contributions will be paid in the following order: first to your surviving spouse or, if none, to your children or, if none, to your parents or, if none of these survive you, to your estate. If, however, you filed a beneficiary designation with the Plan, your contributions would be paid instead to any beneficiaries who survive you. If you are satisfied with the order in which your contributions would be paid as set forth in the Plan, you may not want to complete a beneficiary designation. If your contributions must be distributed and you have a spouse or former spouse(s) with a community property interest in your contributions, the applicable community property portion will be paid to the spouse or former spouse(s) who are entitled to them.

If you are married and want to designate someone other than your spouse to receive your spouse's community property interest in your pension contributions in the event of your death, then your spouse must consent in writing to give up his/her community property interest in your pension contributions (see Spousal Consent/Community Property Waiver below).

Pursuant to Probate Code 5600, the Plan will consider a dissolution judgment entered after January 1, 2002, terminating the marriage, as terminating any prior designation of your former spouse as a beneficiary unless the designation is required by court order or you affirmatively choose to re-designate your former spouse as the beneficiary. If no new designation is provided, because of your former spouse no longer being your beneficiary, your contributions would be paid according to the terms of the Plan.

If you want your domestic partner to receive your contributions, you must designate your domestic partner as your beneficiary. If you want to name a trust as beneficiary, you should name the trustee of your trust –i.e., "Trustee of (insert name of the trust)" –because your beneficiary must be a person. Do not designate the trustee by name because if you change trustees, your designation would no longer be valid.

It is very important once you designate a beneficiary that you keep your beneficiary designation up to date, especially if your situation should change due to a marriage, dissolution, etc. Your beneficiary designation remains in effect until you complete a new beneficiary form.

6. **SPOUSAL CONSENT/COMMUNITY PROPERTY WAIVER** - Keep in mind that all contributions made during a marriage are community property. Your beneficiary designation is only good for your share of your contributions unless your spouse consents in writing that his/her share is also to go to your designated beneficiary. Your spouse does not have to consent to your designation. If your spouse does not consent, then your spouse would be paid his/her community property share in the event of your death and your beneficiaries would receive only your share of your contributions. If your spouse consents to your designation, then he/she waives the right to a community property portion of your contributions. Completion of a new beneficiary form voids any previous spousal waiver. Also, a spousal consent may be revoked by your spouse as provided in Probate Code Section 5031 at any time before, but not after, your death. Note: your spouse's signature on the spousal consent/community property waiver must be notarized or witnessed by a member of Fire and Police Pensions' staff.
7. **SIGNATURE** - Sign and date the form and return it to: Department of Fire and Police Pensions, Member Services Section, 360 East Second St., Suite 400, Los Angeles, CA 90012-4203 or Mail Stop 390.

### **BASIC DEATH BENEFIT**

Your qualified survivors may be eligible for the *Basic Death Benefit*. This benefit is provided if you die from a nonservice-connected death. The Basic Death Benefit consists of: (1) A refund of contributions and accrued interest, and (2) A limited monthly pension, if you had at least one year of service. For every year of service, two monthly payments of one-half of your final average salary are made, not to exceed 12 monthly payments for six or more years of service.

If there is a refund of contributions and you designated as beneficiary someone other than a qualified survivor, the refund of contributions goes to the beneficiary and the limited monthly pension goes to the qualified survivor. However, if there was a qualified surviving spouse, that spouse is entitled to his/her interest in the community property portion of your contributions. The remainder of the contributions is distributed to your designated beneficiary or, if you name multiple beneficiaries, divided equally among your beneficiaries who survive you.

For more information on other forms of death benefits your survivor(s) may be entitled to, please consult your Tier 3 Summary Plan Description.

### **A WORD ABOUT DOCUMENTATION**

Before survivor benefits can be paid, applicable documentation such as marriage, birth, and adoption certificates are required. In addition, guardianship and/or conservatorship documents may be required before payment of benefits to certain dependents. If you are near retirement, you may want to provide us with the background information mentioned above. If you have dependent (disabled) child(ren) and dependent parent(s), contact the Disabilities Section at (213) 978-4500 for information regarding the background documentation needed.

If you have any questions after reviewing this information, please call the Member Services Section at (213) 978-4522.