



DESIGNATION OF BENEFICIARY FORM FOR TIER 4 MEMBERS
(Please submit the original form and retain a copy for yourself.)

Should you die prior to retirement leaving no one qualified for a pension benefit, your contributions may be refunded. Please designate below the person(s) that you want to receive any refund of your pension contributions (including interest) that may become payable if you die before retiring and prior to entering DROP. (This designation form does not apply to any DROP funds.) **Be sure to read the "Instructions for Tier 4 Beneficiary Designation Form" before completing this form.**

1. MEMBER INFORMATION			
LAST NAME:	FIRST NAME:	MI:	SOCIAL SECURITY NUMBER: XXX - XX -
STREET ADDRESS:		DATE OF BIRTH: / /	TELEPHONE:
CITY:	STATE:	ZIP:	DATE OF HIRE: / /
E-MAIL:		DEPARTMENT (CHECK ONE): <input type="checkbox"/> LAFD <input type="checkbox"/> LAPD	
2. 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.)			
PRIMARY 1 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
PRIMARY 2 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
PRIMARY 3 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
NOTE: Contributions will be divided equally unless percentage of benefit is specified.			
CONTINGENT 1 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
CONTINGENT 2 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
CONTINGENT 3 - BENEFICIARY NAME:	DATE OF BIRTH: / /	SOCIAL SECURITY NUMBER (OPTIONAL):	RELATIONSHIP:
ADDRESS:		TELEPHONE:	% OF BENEFIT (OPTIONAL):
3. SIGNATURE - By signing below I make the designations set forth above and revoke any prior designation on file with the Plan.			
MEMBER'S NAME (PRINT)		MEMBER'S SIGNATURE	DATE / /

**THIS FORM SUPERSEDES ANY PREVIOUS BENEFICIARY FORM SUBMITTED TO
LOS ANGELES FIRE AND POLICE PENSIONS.**

DESIGNATION OF BENEFICIARY FORM FOR TIER 4 MEMBERS (CONT.)

MEMBER'S LAST NAME:	FIRST NAME:	MI:	SOCIAL SECURITY NUMBER: XXX - XX -
4. SPOUSE (Provide name used prior to marriage. See instructions)			
LAST NAME, FIRST NAME, MI:	SOCIAL SECURITY NUMBER (OPTIONAL):	CHECK ONE: <input type="checkbox"/> SPOUSE <input type="checkbox"/> DOMESTIC PARTNER	
DOMESTIC PARTNERSHIP DECLARATION IS FILED WITH: <input type="checkbox"/> LA FIRE & POLICE PENSIONS <input type="checkbox"/> STATE OF _____	SPOUSE/DOMESTIC PARTNER DATE OF BIRTH: / /	DATE OF MARRIAGE/FILING DATE OF DOMESTIC PARTNERSHIP DECLARATION: / /	
5. PRIOR MARRIAGES (Provide name used prior to marriage to member. See instructions)			
LAST NAME, FIRST NAME, MI:	HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION	WHERE:	DATE ENDED: / /
LAST NAME, FIRST NAME, MI:	HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION	WHERE:	DATE ENDED: / /
LAST NAME, FIRST NAME, MI:	HOW ENDED (CHECK ONE): <input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION	WHERE:	DATE ENDED: / /
6. MINOR CHILDREN / DEPENDENT CHILDREN / DEPENDENT PARENTS			
LAST NAME, FIRST NAME, MI:	SOCIAL SECURITY NUMBER (OPTIONAL):	CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT	DATE OF BIRTH: / /
LAST NAME, FIRST NAME, MI:	SOCIAL SECURITY NUMBER (OPTIONAL):	CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT	DATE OF BIRTH: / /
LAST NAME, FIRST NAME, MI:	SOCIAL SECURITY NUMBER (OPTIONAL):	CHECK ONE: <input type="checkbox"/> MINOR CHILD <input type="checkbox"/> DEPENDENT CHILD <input type="checkbox"/> DEPENDENT PARENT	DATE OF BIRTH: / /

(COMPLETE BOTH SIDES)

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INSTRUCTIONS FOR TIER 4 BENEFICIARY DESIGNATION FORM
(Please read the following carefully before you designate a beneficiary.)

If you (the member) die before you retire (and prior to entering DROP) leaving no one eligible for pension benefits from Tier 4 and you do not have a beneficiary designation form on file with the Plan, your pension contributions will be paid in the following order: first to your surviving spouse or State-Registered Domestic Partner (SRDP) or, if none, to your children or, if none, to your parents or, if none of these survive you, to your estate. However, if your total estate (including your pension contributions and accrued interest) exceeds the monetary limit for a non-probate estate pursuant to California probate law, then the funds will not be released to the living survivor or executor until the probate is completed.

If you die while still employed (and prior to entering DROP) and leave anyone eligible for pension benefits from Tier 4, your contributions will not be refunded, although your eligible survivor(s) may receive your contributions as part of the Basic Death Benefit, if applicable. If you have a designated beneficiary(ies), they would not be paid your contributions in this event.

If you file a beneficiary designation form for your Tier 4 contributions with the Plan and your contributions are refunded in the event of your death, the contributions will be paid in the manner you have designated (subject to any community property claims--see item 5 below).

- 1. MEMBER INFORMATION** – This information is requested to verify that you are a Tier 4 member. Tier 4 members are generally those hired or rehired on or after July 1, 1997 through December 31, 2001. Call Active Member Services at (213) 279-3140 if you are not sure of your membership tier.
- 2. DESIGNATING YOUR BENEFICIARIES** – The refund of contributions will be divided equally among your beneficiaries unless otherwise specified. If you choose to specify percentages for more than one beneficiary, make sure that the percentages total 100%. For example, if you are naming three beneficiaries and you want to divide equally, use the following: 33%, 33% & 34%. It is recommended that you name a contingent beneficiary(ies), in case all the person(s) designated as your primary beneficiary(ies) should predecease you. In the event none of your primary beneficiaries survive you, the contingent beneficiary(ies) will be paid. Don't forget--if you want your Plan Registered Domestic Partner (PRDP) to receive your contributions, you must designate him/her as your beneficiary. (Unlike a spouse or SRDP, a PRDP will not be paid your contributions under the Plan provisions.) Please note that you may designate your trust as a beneficiary, but please include contact information for the trustee or successor trustee who should be contacted in the event of your death.

Pursuant to Probate Code 5003, refunds will be distributed in accordance with specifications on your Beneficiary Designation unless the Plan has been served with a contrary court order or written notice of an adverse claim.

- 3. SIGNATURE** – Sign and date at the bottom of the first page, then turn to page 2 to complete the form. Return the original form to the Plan at:

Los Angeles Fire and Police Pensions
Attn: Active Member Services Section
701 E. 3rd St., Suite 200
Los Angeles, CA 90013
City Mail: Mail Stop 390

The designation does not go into effect until received by the Plan. Once you designate a beneficiary, it is very important to 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 file a new beneficiary form with the Plan unless the Plan has been served with a contrary court order or written notice of an adverse claim.

- 4. SPOUSE/DOMESTIC PARTNER** – This is for informational purposes only. 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.

The Plan recognizes two types of domestic partners who are entitled to the same benefits as spouses who are married (although federal law does not recognize domestic partnerships-i.e. for tax purposes, etc.):

- **Plan-Registered Domestic Partner (PRDP).** This is a domestic partnership that is established when both partners file a confidential Declaration of Domestic Partnership **with the Plan (Los Angeles Fire and Police Pensions)**, provided all applicable eligibility requirements are met. Since this domestic partnership is only established for purposes of the Plan, a PRDP does not acquire any community property rights in pension contributions or other pension benefits payable from the Plan. Also, if you (the member) want your PRDP to receive your contributions in the event of your death, you must designate him/her as your beneficiary (unlike a

INSTRUCTIONS FOR TIER 4 BENEFICIARY DESIGNATION FORM (CONT.)

spouse or SRDP who would be paid under the Plan's provisions). Even if you have 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 Plan. **An Affidavit filed with the Personnel Department is not sufficient to establish a domestic partnership for pension benefit purposes.** Contact Active Member Services at (213) 279-3140 to request information and a declaration of domestic partnership, or you may download the form from our Web site at www.lafpp.com.

- **State-Registered Domestic Partner (SRDP).** This is a domestic partnership that is established when persons who meet the state's eligibility criteria register as domestic partners with the State of California. This partnership is governed by state law and establishes a relationship in which, for most purposes, the domestic partners have the same rights as spouses, which may include community property rights. This partnership may establish community property interests in your contributions and other pension benefits as provided by state law. For information on filing with the Secretary of State, please visit their Web site at www.sos.ca.gov/dpregistry/. If your domestic partnership was registered with another state other than California, your document(s) will need to be reviewed and approved by the City Attorney's Office.

5. PRIOR MARRIAGES/SRDP – Provide the name(s) of any former spouse(s) or SRDP(s). Write the name(s) your spouse(s)/SRDP(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)/SRDP(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/SRDP belongs to him/her. (See Community Property Interest Information below.)

6. 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 financial 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 "Survivor Benefits and Documentation".

COMMUNITY PROPERTY INTEREST INFORMATION

Keep in mind that all contributions made during a marriage or State-Registered Domestic Partnership are community property under California state law. Your current spouse or SRDP has a community property interest in contributions that are paid during the marriage or partnership prior to separation. Likewise, a former spouse or SRDP may have a community property interest in these funds based upon the court order entered in your dissolution proceedings. Your beneficiary designation controls the disposition of the contributions refunded after your death to the extent that these funds belong to you: your separate property interest and your share of any community property interest(s).

If you want to designate someone other than your current spouse or SRDP as a beneficiary for the refund of your contributions in the event of your death, only your community property interest in these contributions will go to such person(s) unless your spouse or SRDP consents to have his/her community property interest also pass as you have provided. If your spouse or SRDP is willing to waive any community property interest in the contributions in the event of your death, he/she may do so by completing a Community Property Interest Waiver Form. The spouse's signature must be either notarized or witnessed by a staff member. This should be a voluntary decision on his/her part, as the spouse/SRDP is not required to waive his/her community property interest. If he/she does not consent, your community property interest in the contributions would go to your designated beneficiary(ies) and your spouse/SRDP would be paid his/her share of the community property interest in the refund. Note: A community property interest waiver may be revoked by your spouse/SRDP as provided in Probate Code Section 5031 at any time before, but not after, your death. To request a Community Property Interest Waiver Form, you may contact Active Member Services.

SURVIVOR BENEFITS AND DOCUMENTATION

For information about the pension benefits to which your survivor(s) may be entitled in the event of your death, please consult your Tier 4 Summary Plan Description which is available online at www.lafpp.com. 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 Disability Pension Section at (213) 279-3165 for background documentation information.

If you have any questions after reviewing this information, please contact Active Member Services at (844) 885-2377 or (213) 279-3140.

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