



**District of Columbia Retirement Board (DCRB)
Benefits Department**

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

**Beneficiary Designation Form
(Police/Fire)**

By executing this form, you are designating or changing your beneficiary designation on file with the District of Columbia Police Officers and Firefighters' Retirement Plan administered by the District of Columbia Retirement Board (DCRB).

Section I: Member Information

Police Officer Firefighter

Name: _____ Social Security Number: _____
First Middle Last

Current Address: _____
Street City State Zip Code

Mailing Address: _____
(if different from above) Street City State Zip Code

Date of Birth: _____ Phone Number: _____ E-Mail : _____

Section II: Beneficiary Designation

A. Primary Beneficiary

First Name, Middle Initial, and Last Name of Each Beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of Each Beneficiary	Relationship to You	Share Paid to Each Beneficiary
	SSN: DOB:			
Total Distribution Must = 100%			Total Shares:	

B. Contingent Beneficiary

First Name, Middle Initial, and Last Name of Each Beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of Each Beneficiary	Relationship to You	Share Paid to Each Beneficiary
	SSN: DOB:			
	SSN: DOB:			
Total Distribution Must = 100%			Total Shares:	



continued back page ➡

Section III: Member Authorization

I designate the beneficiary(ies) named above to receive any lump-sum payment which may become payable under the District of Columbia Police Officers and Firefighters' Retirement Plan (D.C. Code § 5-706(c) or (d)) after my death. I understand that this beneficiary designation will not affect the rights of any survivors who may qualify for survivor annuities after my death and will not apply if there are any survivors entitled to survivor annuities. This beneficiary designation cancels any previous beneficiary designation, and remains in effect until I cancel it in writing.

I understand that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries. If none of the beneficiaries survive me, this designation is void and payment will be made according to the order of precedence set by law.

Member Signature

Date

Section IV: Witness

(A witness is not eligible to be a beneficiary.)

We the undersigned, certify that the member signed in our presence on the _____ day of _____, 20 ____.

Witness Signature

Address

Print Name

Witness Signature

Address

Print Name

Please refer to the Form Instructions for further information on completing this Beneficiary Designation Form.

Form Instructions

Beneficiary Designation Form (DCRB Form B-100)

This Beneficiary Designation Form is used to designate who is to receive any lump-sum payment which may become payable after your death under the District of Columbia Police Officers and Firefighters' Retirement Plan (D.C. Code § 5-706(c) or (d)). Lump-sum payments may include un-refunded salary deductions, purchase of service deposits, and, if you die shortly after retiring, any unexpended salary deductions. It does not affect the right of any person eligible for survivor annuity benefits. This Beneficiary Designation form will not apply if anyone is entitled to a survivor annuity after your death. This form cannot be used to designate beneficiaries for other types of benefits such as life insurance or unpaid compensation of a deceased employee. The filing of this form will cancel any Beneficiary Designation you may have on file with the District government (DCRB, DC MPD, or DC FEMS) for lump-sum death payments from the Plan.

When designating a beneficiary(ies), please refer to the following examples:

1. How to Designate One Beneficiary (If you want to designate your estate as beneficiary, enter "My Estate" as the name of the beneficiary.)

First Name, Middle Initial, and Last Name of Each Beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of Each Beneficiary	Relationship to You	Share Paid to Each Beneficiary
Sally A. Somebody	SSN: 9876 DOB: May 1, 1962	1212 Forest Lane Boston, MA 12345	Niece	100% (or All)

2. How to Designate More Than One Beneficiary (Be sure that the shares to be paid to all beneficiaries add up to 100%.)

First Name, Middle Initial, and Last Name of Each Beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of Each Beneficiary	Relationship to You	Share Paid to Each Beneficiary
Bill J. Green	SSN: 1234 DOB: June 1, 1955	1234 Ocean Drive Key West, FL 22222	Uncle	50% (or one-half)
Judy L. Brown	SSN: 5678 DOB: February 1, 1950	567 South Street San Marcos, TX 33333	Friend	50% (or one-half)

3. How to Designate a Contingent Beneficiary

First Name, Middle Initial, and Last Name of each beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of each beneficiary	Relationship to You	Share paid to each beneficiary
John W. Lake	SSN: 0123 DOB: April 1, 1954	89 First Avenue Boulder, CO 67890	Father	100% (or All)

4. How to Cancel a Designation so that the Amount Due will be Payable Under the Order of Precedence

First Name, Middle Initial, and Last Name of Each Beneficiary	Last 4 Digits of Social Security Number and Date of Birth	Address (including zip code) of Each Beneficiary	Relationship to You	Share Paid to Each Beneficiary
Cancel prior designations				

DCRB will pay to the person you designate, even if that person's name or relationship to you changes after you submit this designation. For example, if you designate your spouse and then you divorce and you remarry, any lump-sum payment will be paid to your former spouse unless you submit a new beneficiary designation.

Order of Precedence

You do not need to make a designation if you are satisfied with the Order of Precedence the Plan provides and you do not have a designation on file. That Order of Precedence is:

1. To your child(ren), with the share of any deceased child distributed equally among the descendants of that child.
2. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
3. If none of the above, to the executor or administrator of your estate.
4. If none of the above, to the next of kin under the laws of the State in which you live at the time of your death.
5. If none of the above, to the District of Columbia government.

continued back page

Form Instructions (continued)

Beneficiary Designation Form (DCRB Form B-100)

Designating a Beneficiary

1. You can designate any person, firm, corporation, or legal entity as your beneficiary.
2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary.
3. A beneficiary designation must be in writing, signed, and witnessed by two (2) witnesses. In order to be valid, the original designation must be received by DCRB before your death. Photocopies, scanned copies, or faxed copies are not acceptable.
4. Your witnesses cannot be designated beneficiaries.
5. Only you can make or change beneficiary designations. DCRB will not accept beneficiary designations by your power of attorney or court appointed legal guardian or conservator.
6. Your beneficiary designation remains in effect until (i) you cancel it by filing a new designation or (ii) you receive a refund of your retirement deductions before retirement. To inform us of the name or address changes of a beneficiary, you may file a new beneficiary designation. It is important to file a new designation if your family situation changes.
7. If a beneficiary is a minor, give the date of birth.
8. Your designation should be free of any corrections, markings, erasures, or other alterations to avoid possible nullification of that designation.

Completing the Beneficiary Designation Form

1. Please see the examples section at the beginning of these instructions. If you have any questions, please call the DCRB Member Services Center at the number provided on this form.
2. If you designate more than one beneficiary, make sure the total of all designations equal 100%. ***Do Not Use Dollar Amounts.***
3. If you wish to designate additional beneficiaries in Section II, use a separate piece of paper and attach it to this form. Print your name and date of birth at the top of the attachment and sign the attachment. Your signature on the form and on the attachment must be witnessed by the same two (2) persons.

Beneficiary Payments

In the event you die *before retirement* leaving no survivor entitled to a survivor annuity, your designated beneficiary(ies) will receive your un-refunded salary deductions and purchase of service deposits. If you die leaving survivors entitled to survivor annuities, there will be no lump-sum benefit payment to your beneficiary.

In the event you die *after retirement* leaving no survivor entitled to a survivor annuity, your designated beneficiary(ies) will receive any unexpended portion of your salary deductions not used in paying your retirement annuity. If you die leaving survivors entitled to survivor annuities, there will be no lump-sum payment to your beneficiary.