

DESIGNATION OF BENEFICIARY

District of Columbia Policemen & Firemen's Retirement and Disability Act

IMPORTANT
 Read instructions on
 back of duplicate
 before filling in
 this form

A. INFORMATION CONCERNING THE DESIGNATOR

NAME	(Last)	(First)	(Middle)	2. DATE OF BIRTH	(Month)	(Day)	(Year)
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I, the employee or former employee identified above, cancelling any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive the deductions for retirement made from my salary which may become payable under the District of Columbia Policemen and Firemen's Retirement & Disability Act after my death.

I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, and that this designation will remain in full force and effect unless or until canceled by me in writing.

B. INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES

TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, AND LAST NAME OF EACH BENEFICIARY	TYPE OR PRINT ADDRESS OF EACH BENEFICIARY	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may die before the deductions for retirement made from my salary becomes payable shall be distributed equally among the surviving beneficiaries or entirely to the survivor. If none survive me, then to any estate.

I hereby specifically reserve the right to remove or change any beneficiary at any time in the manner and form prescribed by the Commissioners of the District of Columbia, and without the knowledge or consent of the beneficiary.

 (Written Signature of designator in full—DO NOT PRINT)

 (Number and Street)

 (Month) (Day) (Year)

 (City and State)

WITNESSES

We, the undersigned, *having no financial interest in this subject matter*, directly or indirectly, hereby certify that we are personally acquainted with the person subscribing thereto, and that this instrument was subscribed in our presence and in the presence of each other on the _____ day of _____, 19____, and declared to be his (or her) free act and deed.

 (Signature of Witness)

 (Number and Street)

 (City and State)

 (Signature of Witness)

 (Number and Street)

 (City and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

THIS SPACE RESERVED FOR RECEIVING DATA
 OF ACCOUNTING OFFICE, D. C.