



Annuity Fund of the Patrolmen's Benevolent Association of the City of New York

125 Broad Street, 11th Floor, New York, NY 10004
Phone: (212) 349-7560 Fax: (212) 437-9480
www.nycpba.org

Beneficiary Designation Form

Member's Name	Member's Social Security Number
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I hereby designate the following beneficiary(ies) to receive the proceeds of my Annuity Account, which are payable upon my death. This designation supersedes any prior designation and shall remain effective until I execute a new Annuity Beneficiary Designation Form in writing.

If more than one beneficiary is named, the proceeds of my Annuity Account, unless otherwise provided herein, will be paid in equal shares to the designated Beneficiaries who survive me. If no Primary Beneficiary survives me, the entire proceeds of my Annuity Account shall be paid to the Contingent Beneficiary who survives me. Unless otherwise designated herein, if more than one Contingent Beneficiary is listed, the entire proceeds of my Annuity Account shall be paid in equal shares to the surviving Contingent Beneficiaries who survive me. If no Primary or Contingent Beneficiary survives the Participant, the entire proceeds of my Annuity Account shall be paid according to the terms of the Plan. If any Primary or Contingent Beneficiary fails to survive me, such Beneficiary's or Beneficiaries' interest shall lapse, and the percentage of any remaining Primary or Contingent Beneficiaries shall be increased on a pro rata basis.

Neither this beneficiary designation nor any further change of designation will be effective for any purpose unless filed with the Annuity Fund or its designated representative in writing prior to my death.

Please list whole percentages. The total for each beneficiary category (i.e., Primary and Contingent) must equal 100%. If percentages do not equal 100%, the benefit payment will be prorated.

Primary Beneficiary(ies) <i>(The person(s) or entity(ies) you choose to receive your Annuity Account proceeds.)</i>					
Name	Social Security No.	Date of Birth	Relationship to Member	%	Address

Contingent Beneficiary(ies) <i>(The person(s) or entity(ies) you choose to receive your Annuity Account proceeds if the primary beneficiary(ies) predeceases you or the entity(ies) ceases to exist.)</i>					
Name	Social Security No.	Date of Birth	Relationship to Member	%	Address

Member's Signature _____

Date _____

