

## City of Lincoln, Nebraska, Police & Fire Pension Plan Beneficiary Designation Form

MEMBER INFORMATION				
NAME		SSN		
ADDRESS				
CITY		State		Zip Code

I, the undersigned, a Member of the City of Lincoln, Nebraska, Police & Fire Pension Plan A, B, or C (the "Plan"), hereby revoke all prior elections and designations concerning the benefit to be provided from the Plan in the event of my death while employed by the City.

**MONTHLY BENEFIT.** I hereby designate the individual(s) named below as my beneficiary(ies) to receive any **MONTHLY** benefit which may become due or payable on or after my death. A beneficiary of the **MONTHLY** benefit must be a natural person with an insurable interest.

Beneficiary:	Primary	Secondary	Tertiary
<b>Name:</b>			
<b>Relationship:</b>			
<b>Birth Date:</b>			
<b>Social Security #:</b>			

**LUMP-SUM BENEFIT.** If the beneficiary(ies) of my **MONTHLY** benefit do not survive me or otherwise fail to satisfy the beneficiary requirements of the Plan, or the Plan otherwise provides for a lump-sum payment, I hereby designate the following beneficiary(ies) to receive any **LUMP-SUM** benefit which may become due or payable on or after my death:

Beneficiary type: Circle one	Primary or Secondary or Tertiary	Primary or Secondary or Tertiary	Primary or Secondary or Tertiary
<b>Name:</b>			
<b>Relationship:</b>			
<b>Birth Date:</b>			
<b>Social Security #:</b>			
<b>Percentage:</b>			

A beneficiary of the Lump-sum benefit does not have to be a natural person or have an insurable interest. If more than one beneficiary is named in a category for the Lump-sum benefit, payments will be made to them or to the survivor or survivors in equal shares unless otherwise specified above. Unless otherwise provided above, if amounts remain unpaid at the date of the last surviving beneficiary, the remaining amounts will be paid to the Member's estate. If one or more children of a Member are named in either category (Primary or Secondary), any child or children born to or legally adopted by the Member after this date will share equally with the child or children above named.

If a trust is named as a beneficiary, payments will be made directly to the trustee of that trust. A trustee of a trust named as a beneficiary will be entitled to make any applicable elections related to the receipt of such payments. Any designation of a trust as a beneficiary must identify the current trustee, the name of the trust and the date of the agreement creating the trust.

I understand that this Beneficiary Designation Form may be changed or revoked anytime, but only in writing. Changes are effective only upon receipt of a new Beneficiary Designation Form by the Human Resources Department of the City of Lincoln. If I change my beneficiary, the rights of all previously designated beneficiaries to receive any benefit under the Plan will cease.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\* This Form is invalid if the witness is identified as a beneficiary.