

**FIREFIGHTERS' PENSION & RELIEF FUND  
FOR THE CITY OF NEW ORLEANS**

3520 General De Gaulle Suite 3001  
New Orleans, Louisiana 70114  
Telephone: (504) 366-8102  
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**DESIGNATION OF BENEFICIARY FOR LUMP SUM DEATH BENEFIT  
(11:3378(B))**

A. I hereby designate the following Beneficiary or Beneficiaries to receive the \$3,000.00 lump sum death benefit payable by reason of my death.

DESIGNATED BENEFICIARY: \* \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PERCENTAGE OF BENEFIT: \_\_\_\_\_ % \_\_\_\_\_ %

B. If one or more of the Designated Beneficiaries named above should predecease me, the share of the death benefit otherwise payable to that person or those persons ("the Contingent Benefit") shall be payable in its entirety to one of the following, as I have indicated [Select only one]:

- (a) My surviving Designated Beneficiaries named in Paragraph (1.) above of this Section II; or
- (b) The following Contingent Beneficiaries:

CONTINGENT  
DESIGNATED BENEFICIARY(IES): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PERCENTAGE OF BENEFIT: \_\_\_\_\_ % \_\_\_\_\_ %

C. If any Designated Beneficiary disclaims all or part of the Death Benefit, I understand the death benefit will be paid as though the disclaiming Designated Beneficiary did not survive me.

\* If you want to name more than 2 designated beneficiaries, you may use the bottom and/or the reverse side of this form.

D. In the event all Designated Beneficiaries and all Contingent Beneficiaries named predecease me, and except as otherwise expressly noted by me herein, I hereby designate as my Beneficiaries to receive the death benefit payable those persons who survive me and are included in the first of the following classes as composed at the time of my death, irrespective of how such classes are presently composed on the date of this Designation:

- (a) My Surviving Spouse
- (b) My Surviving Children
- (c) My Surviving Parents
- (d) My Estate, if a Succession is opened
- (e) My Heirs

I understand that my above Designations will have effect as a valid Designation of my Beneficiaries upon my death, even though the classes listed may include persons not now living or known to me.

E. I understand that I must notify the Trustees of the Fund if I wish to change or revoke the above Designations applicable to my Death Benefit, and that any new Designation will have no effect unless it is made in writing and filed with the Fund prior to my death.

F. I hereby revoke and rescind all previous Designations of Beneficiaries filed with the Fund relative to the Lump Sum Death Benefit payable.

CERTIFICATION

I certify that the above information is true and correct to the best of knowledge and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Louisiana, before the undersigned witnesses.

WITNESSES:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

Address

\_\_\_\_\_

Telephone Number

Social Security Number