

*Police  
Benevolent  
Association*

Of The City Of New York, Inc.



## **Annuity Fund**

**Police Benevolent Association of the City of New York  
125 Broad Street, 11<sup>th</sup> Floor, New York, NY 10004  
(212) 349-7560**

### **Beneficiary Designation Instructions**

1. Please use this form to name beneficiaries for the proceeds of your account balance in the Annuity Fund of the Police Benevolent Association of the City of New York ("Fund"), which are payable upon death. This designation supersedes any prior designation and shall remain effective until you execute a new Annuity Beneficiary Designation Form in writing.
2. At least one (1) Primary Beneficiary is required. The Primary Beneficiary(ies) will receive the proceeds from your Annuity account upon your death in accordance with the percentages you indicate on your Annuity Beneficiary Designation Form (page 2).
3. Naming a Contingent Beneficiary is optional, but encouraged. The Contingent Beneficiary(ies) will only receive the proceeds of your Annuity account if your Primary Beneficiary(ies) predecease(s) you.
4. Assign each beneficiary's percentages using whole numbers. In both Sections I and II the percentages must total 100%. **The total of the percentage(s) you list for Primary Beneficiary(ies) must equal 100%. The total of the percentage(s) you list for Contingent Beneficiary(ies) must equal 100%.**
5. If no Primary or Contingent Beneficiary survives you, the entire proceeds of your Annuity Account shall be paid according to the terms of the Plan. If any Primary or Contingent Beneficiary fails to survive you, such Beneficiary's interest shall lapse, and the percentage of any remaining Primary or Contingent Beneficiaries shall be increased on a pro-rata basis.
6. If a Primary or Contingent Beneficiary you have listed is under the age of 18, check **Yes** in the Minor beneficiary box. The PBA Annuity Fund cannot transfer the proceeds of your Annuity Account directly to a minor. A custodian should be designated to receive and manage the minor's benefit in accordance with the New York State Uniform Transfers to Minors Act (UTMA). You can designate a custodian and designate the age the custodianship will cease by filling out a PBA Minor Beneficiary Custodian Designation Form on **page 3** of this package.

If you have any questions regarding these instructions or need assistance filling out your PBA Annuity Beneficiary Designation Form, or your PBA Minor Beneficiary Custodian Designation Form, please contact the PBA Funds Office at (212) 349-7560.



# Annuity Fund Beneficiary Designation Form

Police Benevolent Association of the City of New York  
 125 Broad Street 11<sup>th</sup> Floor, New York, NY 10004  
 (212) 349-7560

Section I – Member’s Information	
First Name	SSN
Last Name	Phone
(Home Address, City, State, Zip Code)	

**The total for Primary Beneficiaries must equal 100%**

*(The person(s) or entity you choose to receive your Annuity Account proceeds.)*

Name (First, Last)	Date of Birth	Relationship	%	Minor (Y/N)	Address	SSN

**The total for Contingent Beneficiaries must equal 100%**

*(The person(s) or entity you choose to receive your Annuity Account proceeds if the Primary Beneficiary(ies) predeceases you or the entity ceases to exist.)*

Name (First, Last)	Date of Birth	Relationship	%	Minor (Y/N)	Address	SSN

By signing this form, 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.

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_



**Annuity Fund**  
**Police Benevolent Association of the City of New York**  
**125 Broad Street 11<sup>th</sup> Floor, New York, NY 10004**  
**(212) 349-7560**

**Minor Beneficiary Designation Form**

Please use this form to designate a custodian for a minor beneficiary (under age 18). If you have more than two (2) minor beneficiaries listed, then please use an additional form and attach it to your Annuity Fund Beneficiary Form. If you have not designated a minor beneficiary, then please disregard this form.

<b>Member's Information</b>		<b>Member's SSN</b>
First Name	Last Name	

**(1) Minor Beneficiary Information**

First Name	Middle	Last Name	Custodianship to cease at age:
			<b>18            21</b>

**(1) Custodian Designation (under NYS Uniform Transfers To Minors Act)**

First Name	Middle	Last Name	Date Of Birth	Address
City	State	Zip Code	Phone	SSN

**(2) Minor Beneficiary Information**

First Name	Middle	Last Name	Custodianship to cease at age:
			<b>18            21</b>

**(2) Custodian Designation (under NYS Uniform Transfers To Minors Act)**

First Name	Middle	Last Name	Date Of Birth	Address
City	State	Zip Code	Phone	SSN

By signing this form, I hereby declare and affirm that I have read and understand the instruction sheet provided by the Annuity Fund of the Police Benevolent Association of the City of New York ("The Fund") regarding payments to minor beneficiaries. I further understand this designation becomes irrevocable upon my death and remains in effect unless and until the minor reaches the statutory age of maturity, I appoint a new custodian, or I remove the minor as my beneficiary with the PBA Funds Office.

**Member's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_