


347 Madison Avenue  
 New York, NY 10017-3739  
 212-878-7004



State of New York

<b>FOR OFFICE USE</b>  Ready: _____  Review: _____  Approve: _____	<b>RECEIVED</b>   <b>POLICE</b> MTA
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To The Board of Managers of the Plan:

20 YEAR POLICE RETIREMENT PROGRAM  
 of the  
 MTA DEFINED BENEFIT PENSION PLAN

**DESIGNATION OF BENEFICIARY WITH CONTINGENT BENEFICIARIES**

<b>Name:</b>	
Last	First MI.
Emp. No.	Date of Birth
	Soc. Sec. No.

**Home Address:**

Street		
City	State	Zip Code
Home Phone	Work Phone	

**Designation Of Primary Beneficiary(ies)**

I hereby name the following as beneficiary(ies) to receive any death benefit payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

1	2
Name	Name
Relationship	Relationship
Birth Date	Birth Date
Address	Address
-----	
3	4
Name	Name
Relationship	Relationship
Birth Date	Birth Date
Address	Address
-----	

**Designation Of Contingent Beneficiary(ies)**

If all of the above named beneficiaries die before I do, any death benefits payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share any benefit equally. Furthermore, if I should out-live all these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name hereafter. I reserve the right to change this designation at any time.

1	2
Name	Name
Relationship	Relationship
Birth Date	Birth Date
Address	Address
-----	

**Acknowledgement:**

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_ day of 20\_\_\_\_, personally appeared before me the above-named applicant to me personally known and known to me to be the individual described in and who executed the foregoing instrument, and he / she duly acknowledged to me that he / she executed the same and that the statements therein are true.

Employee Signature _____	Date _____
Notary Public (Please sign and affix stamp)	

**NOTE:** In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory. Your number will be used in identifying your retirement records and in administration of the Retirement Plan.

**IMPORTANT**

If you find this form is not suited for the type of designation you prefer, please advise the Board of Managers of the Plan. In the mean time, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. This form is for designating beneficiaries who will receive ordinary death benefits, if ordinary death benefits become payable on account of your death. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries who are entitled to receive accidental death benefits are mandated by the MTA Police Program.

**INSTRUCTIONS**

1. Provide the complete name, address, and date of birth and relationship of beneficiary(ies).
2. The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
3. If a named beneficiary is a minor at the time of your death, his or her benefit will be paid to a duly-appointed guardian.
4. Unborn children may not be designated as beneficiaries.
5. Do not alter this form or make stipulations. The use of correction fluid or other alterations on the beneficiary form will render the designation invalid.
6. If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. If you name your estate as a primary beneficiary, you may not name any contingent beneficiary.
7. You can provide for payment to a trust if you have executed a trust agreement or have provided for a trust in your will. Your designation should include the name and address of the trustee and the date of the trust agreement or will was executed.

**IMPORTANT:** Please note that in this type of designation, the trust itself is the beneficiary, NOT the person or persons for whose benefit it was established. If the trust expires or is revoked, its designation as beneficiary is no longer effective.

8. Attachments to your beneficiary form are not acceptable. If needed, you may double up on lines, including names, birth dates, addresses and relationships.
9. If more than one beneficiary is named they will share equally unless you indicate percentages for each beneficiary. The total must equal 100%. You may not designate dollar amounts.
10. New beneficiary forms filed will supersede any previous designation. Therefore, if you want to add or delete a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

Before you file this form with the Board of Managers of the Plan, did you remember to:

- Complete all required information
- Sign and date the form
- Have the form notarized, and be sure the notary enters his or her date of notary expiration

Mailing Address: **Metropolitan Transportation Authority**  
Human Resources Department  
347 Madison Avenue – 6<sup>th</sup> Floor  
New York, NY 10017-3739