

DFOP MEMBERSHIP INFORMATION AND BENEFICIARY DESIGNATION

DFOP must maintain the following data in servicing your membership and retirement contributions. Please complete this form and return it to our office for processing. **ALL INCOMPLETE FORMS WILL BE CONSIDERED INVALID AND RETURNED.**

DO NOT MAKE ERASURES OR ALTERATIONS.

Employed by _CITY OF DALLAS_ New Member Current Member Retired Member

PLEASE PRINT IN INK OR TYPE

Your Social Security number _____ - _____ - _____ as it appears on your Social Security Card.

Date of Birth (MM-DD-YY) _____ - _____ - _____

Place a "X" in the appropriate box. Sex: Male Female

Name: First _____ MI _____ Last _____

Address: _____

City: _____ State: TX Zip: _____ - _____

Phone: Home () _____ Work () _____

BENEFICIARY INFORMATION

As a DFOP member, you must designate a beneficiary to receive benefits which may be payable upon your death. The designation may be changed at any time by completing and filing a new form. For death benefits payable, refer to the reverse side of this page. "Texas State Current Benefits 2009".

TO BE VALID - This form MUST BE FILED WITH DFOP PRIOR TO THE DATE OF YOUR DEATH. Please designate your beneficiary in the space provided below. **You must specify Beneficiary (ies) by name, relationship, and include date of birth if a minor.**

DO NOT MAKE ERASURES OR ALTERATIONS.

TO BE VALID, ALL MEMBERS MUST SIGN AND DATE THIS FORM .

MEMBER'S SIGNATURE _____ DATE ____ / ____ / ____

RETURN TO:

Dallas Fraternal Order of Police ~ 1414 N Washington Ave. ~ Dallas, TX 75204