

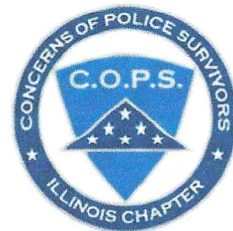
Designation of Beneficiaries Form

for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a surviving spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children).



**"Child" is defined as any natural, illegitimate, adopted, or posthumous child, stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit are identified in Step 4 above and would not apply if there is an eligible spouse or children. Should you wish to complete this form, it must be retained with official departmental records.

I, _____ (print full name), as a member of
_____ (print agency name), hereby designate the following beneficiary(s)
for any PSOB benefits that may be paid in the event of my death:

NAME	ADDRESS	RELATIONSHIP	PERCENT (must total 100)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Officer signature: _____ Date: ____/____/____

Notary
State of _____ County of _____

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this _____ day of

_____, 20____. My commission expires: ____/____/____ County of Residence: _____

Stamp or Seal:

Signature of Notary Public

Printed Name of Notary Public