

**Designation of Beneficiaries Form**  
**For U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program**

**WHO RECEIVES PSOB BENEFITS IF THE CLAIM IS APPROVED?**

Benefits are paid to survivors according to the following criteria:

1. If there is a 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 as PSOB beneficiary on file with the officer's agency, or if no designation then to the individual designated as the beneficiary on the most recently executed life insurance policy on file with the officer's agency.**
5. If none of the above, to the officer's parents in equal shares.

*\*\*Child" is defined as any natural, illegitimate, adopted, or posthumous child or 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.*

**PURPOSE  
OF THIS  
FORM**

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)
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Officer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Beneficiary Designation for Accident & Sickness Policy**

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

**Specifying Beneficiaries**

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.