



DETROIT POLICE BENEFIT AND PROTECTIVE ASSOCIATION
3031 W. GRAND BLVD., SUITE 405; DETROIT MI 48202
(313) 870-9301

BENEFICIARY CERTIFICATE

As a member of Detroit Police Benefit and Protective Association, I understand that I am entitled to nominate a beneficiary to receive any death benefits to which I may become entitled under the Articles of Association. I also understand that under Article VI, I may only designate my spouse, child, child by legal adoption, or any trust created for their benefit, if any one or more of such persons is living. If I have no living spouse, child, or child by legal adoption at the time of my death, I understand that I may name, in writing, any one or more of the following persons as my beneficiary: my parent, parent by legal adoption, blood relative, or my estate.

If, upon my death I have not named a beneficiary, the person I named has died, or the person I named does not meet the qualifications above-described, then I understand that my death benefits will be paid to the following in the order named: (1) my then living widow or widower; (2) my then living children and issue of any deceased children (including children and other issue legally adopted) in equal shares by right of representation; (3) my then living father and mother equally or to the survivor (including parents by legal adoption); (4) my then living brothers and sisters equally; (5) my then living nephews and nieces equally; (6) my estate.

I understand that there will be offset against my death benefits, reasonable costs for all attorney fees and litigation expenses which the Association incurs in the resolution of any dispute which arises because of an improper beneficiary designation, or which arises over the issue of who is a proper beneficiary of such death benefits.

Having been so advised, I hereby name as Primary Beneficiary(ies) of any death benefits I am entitled to receive from Detroit Police Benefit and Protective Association my:

FULL NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP	D.O.B. (MO/DAY/YR)	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE

If my Primary Beneficiary dies before me or does not meet the requirements for payment under the Articles of Association at the time of my death, I hereby direct the Association to distribute my death benefits to my Secondary Beneficiary(ies) my:

FULL NAME (LAST, FIRST, MIDDLE INITIAL)	RELATIONSHIP	D.O.B. (MO/DAY/YR)	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE

Unless otherwise provided on this Beneficiary Certificate, if I have named more than one Primary Beneficiary, my death benefits shall be paid in equal shares to such of my Primary Beneficiaries as are living and qualify for receipt of payment under the Articles of Association at the time such payments become due, and if no such Primary Beneficiaries shall be living at the time such payments become due or shall qualify for receipt of payments under the Articles of Association, such payments shall be made in equal shares to such of my Secondary Beneficiaries as are living and qualify under the Articles of Association.

Any other current or prior nomination of beneficiary for payment of any death benefits payable on my behalf under the Articles of Association is hereby revoked and cancelled.

Dated: _____

NOTARY
SIGNATURE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Notary stamp or seal required here:

MEMBER
SIGNATURE: _____

PRINT NAME: _____

TELEPHONE: _____

PENSION NO.: _____