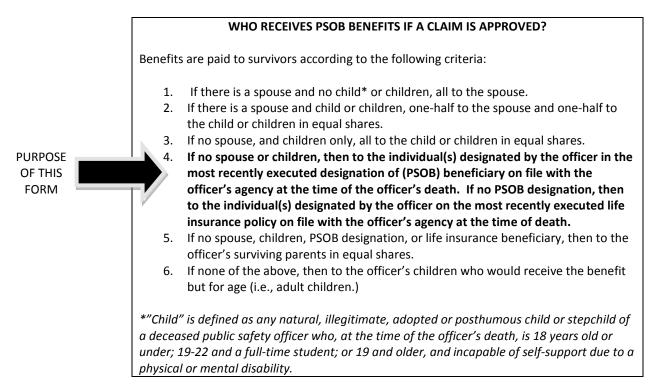
Designation of Beneficiaries Form for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program



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 identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it **must be retained with official department records**.

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

Name	Percent (must total 100)	Address		Relationship
Public Safety Officer signature:			Date:	//
Witness signature:			Date:]]