



## ***Alternate Designation of Beneficiary Form***

*Officer to complete **ONLY** if s/he does **NOT** wish Standard Designation of Beneficiaries (spouse, children/dependents, parents) to apply toward lump sum benefit.*

**This form is to remain on file at the public safety professional's place of employment until a public safety professional incurs a qualifying death or disability.**

**Instructions:**

Do not change anything on this form. Do not use white-out or cross anything out. Alterations will void this form. A new form should be completed and submitted any time you wish to change beneficiaries (e.g., future marriages, divorces, births, deaths, etc.).

Name: \_\_\_\_\_ DPSST #: \_\_\_\_\_  
(Last, First, Middle)

Employing Agency: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**I understand by completing this form that I am revoking the standard designation of beneficiaries outlined in ORS 243.969 and am designating an alternate individual to become eligible for any applicable benefit awarded as a result of a qualifying death or disability.**

**I also understand a child or dependent (as defined under ORS 243.954) may also be eligible to apply for other benefits (i.e., health, dental, scholarship, etc.)**

<i>Full Given Name of Beneficiary:</i>	<i>Relationship:</i>	<i>Date of Birth:</i>
_____	_____	_____

\_\_\_\_\_  
(Public Safety Officer's Signature) Date: \_\_\_\_\_