



**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
<b>(must total 100)</b>			

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LE/FF Officer signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

