STATE OF DELAWARE
OFFICE OF PENSIONS

BURIAL BENEFIT DESIGNATION FORM

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

First Name & Middle Initial: _____ Last Name: _____

Pension ID or SSN: _____

Please complete form in its entirety and return to Pension Office. Incomplete forms will be rejected.

☐ State Employees' **(Retiree Only)** ☐ New State Police **(Retiree Only)**

☐ Closed State Police **(Retiree Only)** ☐ Legislators' **(Retiree Only)**

☐ County and Municipal – Police and Fire **(Actively employed upon death)**

Correctly completed forms must be received IN OFFICE prior to the death of the pensioner.

Primary ☐ **Gender**: ☐ Male ☐ Female

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN/EIN: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)

Gender: ☐ Male ☐ Female

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN/EIN: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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Primary ☐ **Secondary** ☐ (Choose one – Secondary receives money if Primary deceased)

Gender: ☐ Male ☐ Female

Full Name of Individual, Funeral Home or Organization: _____

Date of Birth: _____ SSN/EIN: _____ Relationship:_____

Address: _____

City: _____State: _____Zip Code: _____

Phone: _____ Email:_____

I hereby direct that any amount of burial benefit payable at my death be paid to the Beneficiary(ies) designated above, if living. I understand that if more than one Beneficiary is designated, payment will be made in equal shares to each of the designated Beneficiary(ies) as survive me, unless otherwise specified herein. If, at my death, there is no appropriately designated Beneficiary(ies), for all or any part of the death benefit, the burial benefit may be payable to my estate. Following my death, the burial benefit will be paid after my Beneficiary(ies) have completed and submitted the necessary documentation to the Office of Pensions. The burial benefit is subject to federal income tax.

THIS FORM REVOKES ALL PREVIOUS BENEFICIARY DESIGNATIONS.

All beneficiaries must be restated even if they are not being changed. For example, if you are changing only the secondary beneficiary, you must also restate the primary beneficiary.

Signature _____ Date _____

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129
EMAIL: PENSIONOFFICE@DELAWARE.GOV - WWW.DELAWAREPENSIONS.COM

For use by Notary Public Only

Sworn to and Subscribed before me the _____day of _____, 20_____.

Signature of Notary Public _____

Place Notary Stamp Here:

My Commission Expire:

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