



OTHER SAFETY OFFICIALS DEATH BENEFITS TRUST FUND

BENEFICIARY DESIGNATION FORM

Pursuant to the provisions of Mississippi Code Annotated §45-2-31, the Mississippi Department of Public Safety is responsible for management of the Other Safety Officials Death Benefits Trust Fund and disbursement of a One Hundred Thousand Dollars (\$100,000.00) death benefit authorized under the statute "when a covered individual, while engaged in the performance of the person's official duties, is accidentally or intentionally killed, provided that the killing is not the result of suicide and that the bodily injury is not intentionally self-inflicted."

The death benefit payment shall be made to the beneficiary who was designated in writing by the covered individual during the covered individual's lifetime. If no such designation is made, then the payment shall be made to the surviving child or children and spouse in equal portions, and if there is no surviving child or spouse, then to the parent or parents. If a beneficiary is not designated and there is no surviving child, spouse or parent, then the payment shall be made to the covered individual's estate.

The death benefit payment is in addition to any workers' compensation or pension benefits and is exempt from the claims and demands of creditors of the covered individual.

THIS FORM SHALL BE MAINTAINED BY THE EMPLOYER IN THE COVERED INDIVIDUAL'S PERSONNEL FILE.

For purpose of compliance with the statute, the following information identifies me and accordingly designates my beneficiaries:

NAME OF COVERED INDIVIDUAL

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DESIGNATED BENEFICIARY (BENEFICIARIES)

BENEFICIARY NAME:	DATE OF BIRTH:	SSN:	RELATIONSHIP:	SHARE (%)*:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

** The percentage allocated for beneficiary shares should total 100%.*

By my signature below, I acknowledge and understand that the Mississippi Department of Public Safety is responsible for management of and disbursement of benefits from the Other Safety Officials Death Benefits Trust Fund. This signed document designates the above-named person(s) as my beneficiaries for purpose of receiving MCA §45-2-31 death benefits.

COVERED INDIVIDUAL'S SIGNATURE _____ DATE SIGNED _____

ACKNOWLEDGEMENT

STATE OF MISSISSIPPI
COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this _____ day of _____ 20 ____, within my jurisdiction, the within named _____, who acknowledged that they executed and delivered the above and foregoing instrument and attached pertinent documentation for the purposes contained therein.

In witness whereof, I hereunto set my hand and official seal.

NOTARY PUBLIC

(SEAL)

My Commission Expires _____