

RETIREMENT PROCESS

Cynthia J. Thomas
Retirement Counselor

Applying for a Retirement Pension

Begin the retirement process with the City at least 60 days before you plan to leave active service.

- If electing phase down, check with City on required deadlines.

Just because you leave employment with the City doesn't mean you are retired with DPFP. It is your responsibility to ensure the two events (terminating City employment and DPFP retirement) are coordinated.

Prior to meeting with DPFP you must:

1. Pick your last day on payroll
2. Submit Intent to Retire Memo to Department
3. Receive copy of Acceptance Memo from Department
4. Schedule Retirement Appointment with DPFP to fill out the Pension Benefit Application

Benefit Options

- At the retirement appointment, Counselors will give you a benefit estimate with information on your highest benefit option based upon your retirement date.
- If married, a 100% Joint and Survivor benefit will be calculated and offered at your retirement appointment.
- If you are an Active DROP member, your DROP account will be annuitized.
- Attached is a Pension Benefit Application.

Pension Benefit Application



Member's name _____

Member's last 4 digits of SS# _ _ _ _

Department <input type="checkbox"/> Police <input type="checkbox"/> Fire	Rank	Sex	Date of Birth (attach birth certificate)
Employee Number			
Street Address or P.O. Box	City, State and Zip Code	Telephone	

I HEREBY MAKE APPLICATION FOR BENEFITS AS INDICATED BELOW UNDER THE PROVISIONS OF THE POLICE AND FIRE PENSION SYSTEM OF THE CITY OF DALLAS.

Type of Benefit			
<input type="checkbox"/> Service Retirement	<input type="checkbox"/> Disability (on duty)	<input type="checkbox"/> Disability (off duty)	<input type="checkbox"/> QDRO
Original Service Date		Last Date on Payroll	
Date Pension Effective		Pension Service Credits	

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY. INDICATE "NONE" WHERE INFORMATION IS NOT APPLICABLE. IF MARRIED, ATTACH PROOF OF MARRIAGE; ATTACH A BIRTH CERTIFICATE FOR ALL DEPENDENTS, AND PROOF OF ADOPTION IF APPLICABLE.

IF EVER DIVORCED, IS A COPY OF FINAL DIVORCE DECREE ON FILE? YES or NO

DEPENDENTS	Name of Spouse	Date of Marriage	Date of Birth
			SS#
	Name of Child under 19 (or dependent Parent)	Sex	Date of Birth
			SS#
	Name of Child under 19 (or dependent Parent)	Sex	Date of Birth
			SS#

Attach additional sheets if necessary to list all dependents.

DEDUCTIONS	I HEREBY AUTHORIZE THE FOLLOWING DEDUCTIONS TO BE MADE FROM MY MONTHLY BENEFIT CHECKS AND AGREE TO PAY ANY INCREASE IN RATES WITHOUT FURTHER AUTHORIZATION.		
	<input type="checkbox"/> BURIAL FUND (Fire only)	<input type="checkbox"/> MYSELF	<input type="checkbox"/> SPOUSE
	<input type="checkbox"/> INCOME TAX (Please complete the attached W-4P)		

I SWEAR THAT ALL THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN COUNSELED ON ALL OF THE RETIREMENT OPTIONS AVAILABLE TO ME AND I ELECT TO RECEIVE BENEFITS FROM

_____ (DESIGNATED PLAN)

SIGNATURE (AS YOU PLAN TO ENDORSE YOUR BENEFIT CHECKS)

DATE

For Office Use Only

Notes:

**AUTHORIZATION
AGREEMENT
for DEDUCTIONS**
(Optional)



Name _____

Last 4 digits of SS# _____

Police Department Fire Department

DEDUCTION AUTHORIZATION

I hereby authorize the following deductions(s) at the current prevailing rates and agree to any changes in the rates without further authorization. I understand the deductions elected below will be made from my monthly pension benefit. Please ensure you elect all deductions you want to have taken out of your pension and cancel all deductions you do not want to continue. This form will supersede any form currently on file at DFPF.

Cancel Elect/Re-elect

- I do not want any deductions.
- Dallas Firefighters Museum Deduction \$ _____ per month (minimum \$1.00)
- Member's Burial Fund – Fire Department - \$4.00
- Spouse's Burial Fund - Fire Department - \$4.00
- Dallas Retired Fire Fighter Association Dues - Fire Department - \$5.00
- Black Firefighter Retiree Association - Fire Department - \$8.34
- Dallas Association of Hispanic Retired Fire Fighters - Fire Department - \$10.00
- Dallas Police Retired Officers Association Dues - Fire Department - \$11.25
- Dallas Police Department Museum Deduction of \$ _____ per month (minimum \$1.00)
- Dallas Police Retired Officers Association Dues - Police Department - \$22.50
- Dallas Police Retired Officers Association Dues - Police Department - Surviving Spouse - \$11.25

This authority is to remain in full force and effect until DFPF has received another form with new elections or cancellations by the 15th day of month.

As a courtesy to the above organizations, DFPF is deducting payments from monthly pension benefit payments. DFPF can cease providing this service at any time. DFPF has no affiliation with nor takes any responsibility for the above organizations. Please contact with organizations directly with any questions.

Signature _____ Date _____

Please return this form to Dallas Police and Fire Pension System, 4100 Harry Hines Blvd., Suite 100 Dallas, Texas 75219, or scan and email to info@dpfp.org.

**AUTHORIZATION AGREEMENT
FOR DIRECT DEPOSITS**



Name _____

Last 4 digits of SS# _____

Police Department Fire Department

Regular Supplemental

AUTHORIZATION AGREEMENT

I hereby authorize the Dallas Police & Fire Pension System to deposit my benefits directly into my checking/savings account. For a *checking account*, I have attached a printed check showing my routing and account numbers. I have written the word "**VOID**" in large letters on this printed check.

For a *savings account*, please attach a Verification of Deposit letter from your bank that includes your routing and savings account numbers.

I understand that:

1. This election will remain in effect until I change it.
2. In order to ensure that a change in election is effective, the original form must be received by the Pension Office by the **15th day of the month**.
3. When the form is received by the **15th day of the month**, deposits will be made into my account beginning on the last business day of that month.
4. **DPFP will verify the authenticity of this document prior to processing any change to the member's account.**

Please tape check or attach Verification of Deposit letter to this form

Signature: _____

Date: _____

Please return this form to:
DALLAS POLICE & FIRE PENSION SYSTEM
4100 Harry Hines Blvd., Suite 100
Dallas, Texas 75219

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add other credits, such as foreign tax credit and education tax credits \$ _____		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$ _____	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c)	\$ _____

**Step 5:
Sign
Here**

Your signature (This form is not valid unless you sign it.)

Date

Beneficiary Designee Selection Form

DROP Final Payment Both



**DALLAS
POLICE & FIRE
PENSION SYSTEM**



I wish to designate the following person(s) as my beneficiaries. If all primary beneficiaries (designees) are deceased, or otherwise deemed ineligible, any benefits payable will be divided among my surviving contingent beneficiaries based on the designated percentage(s). If you are married your spouse must consent to naming someone else a primary beneficiary. If I am unmarried and do not designate a beneficiary, my beneficiary will be determined according to the laws of the state in which I live, which I understand may be a more costly process for my heirs.

Member's Name _____

Member's last 4 digits of SS# _____

Address _____

Phone Number _____

Are you currently married?

Police Department Fire Department

Yes

No

Primary Beneficiary (or designee) Spouse must be Primary or sign Spousal Waiver. In the event of a divorce, the spouse will no longer be the primary beneficiary.

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

Contingent Beneficiary (or designee)

Name	Social Security #	Street, City, State, Zip, Phone #s	Relationship & Date of Birth	% of Benefit

Note: This beneficiary form will supersede the previous beneficiary form.

Signature _____

Date _____

SWORN AND SUBSCRIBED before me on this the ____ day of _____, 20____.

Notary Public

Return to: Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Suite 100
Dallas, Texas 75219



D A L L A S
POLICE & FIRE
PENSION SYSTEM



**Spousal Waiver for
Beneficiary Designation Form**

Member's Name: _____

Member's last 4 digits of SS# _____

As the Spouse of the Member listed above, I understand that I have not been named as the 100% Primary beneficiary on: (check all boxes that apply)

- DROP Beneficiary Designation Form, completed (date): _____
- Final Deceased Member's Benefit Form, completed (date): _____
- BOTH, completed (date) _____

In the event of my spouse's death, I consent to the specific designation of the beneficiary(s) and percentages named on the forms indicated above. In the absence of my consent, I would be entitled to receive any balance remaining in my Spouse's DROP account and any funds due to the estate upon his or her death (signature must be witnessed by a notary public). Any change to the specific designation set forth on any beneficiary forms will require my consent. If the designated beneficiary is a trust, I recognize the System will not obtain my waiver for any change to the terms of the trust.

Spouse's Signature: _____

Printed name: _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority on this the _____ day of,
_____, 20_____.

Notary Public In And For

County

Return to:

Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Suite 100
Dallas, Texas 75219



MEMBER INFORMATION CONSENT

Under the current provisions of the State of Texas Public Information Act any information about our members held by the Dallas Police and Fire Pension System (the "Pension System") is confidential and not subject to disclosure by the Pension System. However, you do have the option to allow the Pension System to disclose your name and image in the newsletter as well as in any other communications the Pension System may send out to members or retirees; for example, in the past we have let our members know when a member retired and show pictures of members or retirees in the newsletters. Please initial one of the following two options to indicate whether or not you would like the Pension System to continue to be able to use your name or picture in the newsletter or other communications.

_____ I consent to the Pension System disclosing my name and image in communications with members or retirees, but I request that all other information about me contained in the records of the Pension System be protected from disclosure to the maximum extent allowed by law.

_____ I do not consent to the Pension System disclosing any information about me, including my name or image, and request that all information relating to me be protected from disclosure to the maximum extent allowed by law.

Signature:

Last 4 Social Security Number

Printed Name:

Date: _____

Required Retirement Documentation

Copy of Departmental Retirement Acceptance Memo signed by your direct supervisor.

Voided check (for direct deposit of monthly pension payment).

Copy of member's form of identification.

If married:

- Copy of spouse's form of identification and Social Security card.
- Copy of your marriage license.

Required Retirement Documentation (con't)

If you have children younger than age 19 or disabled children:

- Provide copy of all birth certificates/adoption paperwork and Social Security cards.
- If you believe your child might meet disability requirements, a disclosure form will be provided to you when you set your benefit.

If ever divorced while on the department, copy of your divorce decree(s) and/or QDROs.

Some of the above documents may already be on file for DROP participants.

Important Agenda Dates

Dates reflect DPFP deadlines for each step of the retirement process.

Agenda Month	Paperwork & Documents Due By	Last Day on Payroll	Board Meeting Date	Date of First Pension Check
October	Sep. 25, 2024	Oct. 8, 2024	Oct. 10, 2024	Oct. 31, 2024
November	Oct. 30, 2024	Nov. 5, 2024	Nov. 14, 2024	Nov. 29, 2024
December	Nov. 27, 2024	Dec. 3, 2024	Dec. 12, 2024	Dec. 31, 2024

NOTE: 2025 dates are posted to our website.

Health Insurance

You must enroll through the Benefit Service Center at (214) 671-6947, Option 1 for your health insurance. You can also email them at hrcbenefits@dallas.gov

DPPF can ONLY make the deduction based on the file the City sends us. We don't know the information you need about the insurance, nor can we solve your problems.

You have 30 days from your last active date of service to enroll in health insurance.

- City determines enrollment eligibility

Annual Year End Documents

All benefit recipients will receive the following documents from DPFP on an annual basis:

- 1099R – tax reporting document
- Withholding Letter – regulatory notice sent to members annually as a reminder of their ability to update their tax withholding. No action required.
- Tax Notice Letter– will list total health insurance paid during the year which the member may need to claim a tax exclusion. (only for public safety officers who retired under the normal retirement option)

Important Tax Information

Beginning pension payments before the year you turn 50 may put you at risk for an Early Withdrawal Penalty

- Future 1099-R will show a distribution code 1 (at risk-no known exception) until age 59 ½
- Consult your tax advisor

Police Department Contacts

- Dave Barlow

Supervisor – Personnel Operations

O: (214) 671-3446

david.barlow@dallaspolice.gov

- Beatriz Pena Alvarez

Manager-DPD Personnel Operations

O: (214) 671-4446

beatriz.alvarez@dallaspolice.gov

Fire Department Contacts

- Valanda Quaite

HR/EEO Compliance Manager III

O: (214) 670-5108

valanda.quaite@dallasfire.gov

- Carolina DeLeon

Fire Payroll Manager II

O: (214) 671-5769

C: 214-662-1279

carolina.deleon@dallasfire.gov

Fidelity Investments Contact

For information about your 401k and 457 accounts:

Josh George

Fidelity Workplace Financial Consultant

(469) 910-2601

josh.george@fmr.com