Beneficiary Designation Form Side A

SFMTA San Francisco Taxi Services One South Van Ness, San Francisco, CA 94103 Telephone (415) 701-4500, 8:00 a.m. – 5:00 p.m. Monday-Friday

Check One:

_____ Initial Election

—— Change

1. Medallion Holder Information					
Name (First, Middle Initial, Last)	Social Security Number	Birth Date	Today's Date		
	_		-		
Mailing Address (Street, City, Sate, Zip Code)		Daytime Phone Number			
Medallion Number:					
2. Beneficiary Designation for Medallion Equity Upon Death of Medallion Holder					

You may name one or more primary and contingent beneficiaries. You may name individuals, your estate or trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document.

You may change beneficiaries at any time.

Primary Beneficiary(ies)				
Name (First, Middle Initial, Last)	Mailing Address (Street, City, Sate, Zip Code)	Relationship to Member		
1.				
2.				
3.				
Contingent Beneficiary(ies)				
Name (First, Middle Initial, Last)	Mailing Address (Street, City, Sate, Zip Code)	Relationship to Member		
1.				
2.				
3.				

3. Acknowledgment (Optional)		4. Notary (Optional)
Read the applicable paragraphs and place you	r initials on the lines next to	This individual appears to be known as the
them to indicate that you understand their contents. At the bottom of this		person described on this form and has sworn
section, sign and print your name, and enter the requested information in the		that the statements contained on this form are
applicable spaces provided. If you complete		true to the best of his or her knowledge and
Taxi Services office, you must complete this section in the presence of a		beliefs. In addition, this individual has
notary public.		completed Section 3 of this form in my
		presence and, by doing so, has acknowledged
I affirm that the information I have provided on this form is complete and		his/her understanding of the contents therein:
true to the best of my knowledge and beliefs. In addition, I understand the		
following:		
——— The beneficiary designations made on this form indicate how		Signature of Notary
Medallion equity is to be distributed upon my death. The		
designations made on this form can	cel any beneficiary designations	
I have made in the past.		
If I designate more than one hanaficiery in Section 2 (or Section 2 if		County State
If I designate more than one beneficiary in Section 2 (or Section 3 if applicable), all beneficiaries will share the Medallion equity equally.		State
If no beneficiaries survive me, surviv		
to my estate.	or conorres, it any, will be paid	
, , , , , , , , , , , , , , , , , , ,		Date
———— California community property laws will always affect distribution		
of death benefits regardless of the designations made on this form.		
		Notary Seal
	Data	
Medallion Holder Signature	Date	
SFMTA Staff Signature	Date	
SFERS Use Only		
Form completed by SFMTA Taxi Services:	Yes No Reviewed by	y: Medallion #

Date Received: _____ Date Approved: _____