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) 1.	Mailing Address (Street, City, Sate, Zip Code)	Relationship to Member					
2.							
3.							

3. Acknowledgment (Optional)	4. Notary (Option	onal)	
Read the applicable paragraphs and place you		This individual appears to be known as the	
them to indicate that you understand their cor	person described on this form and has sworn		
section, sign and print your name, and enter the	he requested information in the	that the statements c	ontained on this form are
applicable spaces provided. If you complete			s or her knowledge and
Taxi Services office, you must complete this	section in the presence of a	beliefs. In addition,	
notary public.		completed Section 3	
			ng so, has acknowledged
I affirm that the information I have provided		his/her understandin	g of the contents therein:
true to the best of my knowledge and beliefs.	In addition, I understand the		
following:			
The beneficiary designations made or	this form indicate how	Signature of Notary	
Medallion equity is to be distributed to		Signature of Notary	
designations made on this form can			
I have made in the past.	cer any beneficiary designations		
Thave made in the past.			
If I designate more than one beneficia	County	State	
applicable), all beneficiaries will shar	2 2 2		
If no beneficiaries survive me, surviv	or benefits, if any, will be paid		
to my estate.			
		Date	
California community property laws			
of death benefits regardless of the des	l		
		No	tary Seal
Medallion Holder Signature	Date		
SFMTA Staff Signature	Date		
Ü			
SFERS Use Only			
Francisco Late 11 CEMEA To Consider	M. N. D. ' 11.		N. (1 - 11' 4)
Form completed by SFMTA Taxi Services:	res no keviewed by	y:	Medallion #
Date Received: Date	e Approved:		

SIDE B Form updated 3/2/2023