

# 2026 ANNUAL REPORTING SURVIVING SPOUSE/BENEFICIARY CERTIFICATION

**Due June 30, 2026**

Return to: Seattle Police Pension Fund • PO Box 94729 • Seattle, WA 98124-4729

Email: policepension@seattle.gov • Fax: 206-470-6900

**IMPORTANT: THIS IS A TWO-SIDED FORM — BOTH SIDES MUST BE COMPLETED.**

## SECTION 1 – MEMBER IDENTIFICATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

## SECTION 2 – CURRENT SPOUSE INFORMATION

Spouse Name \_\_\_\_\_ Spouse Date of Birth \_\_\_\_\_

Date of Marriage \_\_\_\_\_

## SECTION 3 – EMERGENCY CONTACTS (Must live outside household)

Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Email \_\_\_\_\_

**Initial \_\_\_\_\_ I authorize the Pension Office to communicate with my emergency contacts if I am unable to do so.**

**SECTION 4 – POWER OF ATTORNEY DOCUMENT FOR MYSELF**

- I have attached a copy of my Power of Attorney\*       Police Pension already has a copy  
 I do not currently have a Power of Attorney.

**\*PLEASE BE SURE TO SEND A COMPLETE COPY OF THE DOCUMENT**

**CERTIFICATION**

**I certify that the information provided is true and correct to the best of my knowledge. I understand that falsification of this information may result in the denial of payment for any medical claims or bills.**

Member Signature (sign only in front of a Notary) \_\_\_\_\_

Date \_\_\_\_\_

**NOTARY ACKNOWLEDGEMENT**

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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary Public in the State of \_\_\_\_\_

Residing At \_\_\_\_\_

**Any member or beneficiary who knowingly makes false statements, falsifies, or permits the falsification of any record of the retirement system to defraud the system is subject to felony prosecution.**