

Check type of beneficiary
change: Name, Address

BENEFICIARY DESIGNATION CERTIFICATE
CITY OF RIVIERA BEACH
GENERAL EMPLOYEES PENSION PLAN

ALL INFORMATION MUST BE TYPED

To: ADMINISTRATIVE BOARD

I hereby make the following Beneficiary designation for any benefits due under the above Pension Plan in the event of my death:

PRIMARY BENEFICIARY (IES)	ADDRESS	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE

CONTINGENT	ADDRESS	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE

If any designated Beneficiary shall predecease me, the rights and -interests of such Beneficiary shall thereupon automatically terminate. If at my death there be no designated principal or contingent Beneficiary as to my benefit, if any, then such benefit shall be payable to my estate. Payment in that manner shall completely discharge the liability with respect to the benefit so paid.

I reserve the right to change the designated Beneficiary at any time upon filing a new written request with the Board and which request, when received by the Board, shall revoke any prior selection or designation of Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change.

SIGNED THIS ____ day of _____, _____

EMPLOYEE SIGNATURE

EMPLOYEE NAME TYPED

ADDRESS

CITY STATE

Original received and effective from

This ____ day of _____, _____

ADMINISTRATIVE BOARD

By: _____
CHAIRPERSON