

**CITY OF RIVIERA BEACH POLICE PENSION FUND
DESIGNATION OF BENEFICIARY**

1. PARTICIPANT

a. Name of Participant: _____
(Last)
(First)
(Middle)

b. Social Security Number: _____

2. BENEFICIARY

I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:

a. Name of Beneficiary: _____

b. Beneficiary's Social Security Number: _____

c. Relationship: _____ Date of Birth: _____

d. Beneficiary's Address: _____

e. Sex of Beneficiary: _____ Male _____ Female

f. Telephone Number of Beneficiary: _____

3. CONTINGENT BENEFICIARY

If the above-named beneficiary dies before me, or is not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due:

a. Name of Contingent Beneficiary: _____

b. Contingent Beneficiary's Social Security Number: _____

c. Relationship: _____ Date of Birth: _____

d. Contingent Beneficiary's Address: _____

e. Sex of Beneficiary: _____ Male _____ Female

f. Telephone Number of Contingent Beneficiary: _____

I understand that in order to change or revoke my designation of beneficiary, the change or revocation must be in writing, signed by me before a Notary Public, and filed with the Board of Trustees.

If the member selects a joint and survivor option or if this article specifies the member's spouse is to receive the benefits which continue to be payable upon the death of the member, then in both of these cases after the benefits have commenced, a retired member may change his designation of joint annuitant or beneficiary only twice.

If the retired member desires to change his joint annuitant or beneficiary, he shall file with the Board of Trustees a notarized notice of such change either by registered letter or on a form as provided by the Board of Trustees. Upon receipt of a complete change of joint annuitant form or such other notice, the Board of Trustees shall adjust the member's monthly benefit by the application of actuarial tables and calculations developed to ensure that the benefit paid is the actuarial equivalent of the present value of the member's current benefit. Nothing herein shall preclude the Pension Fund from actuarially adjusting benefits or offering options based upon sex, age, early retirement or disability

The above designations of beneficiaries revoke any prior designation of beneficiaries.

Date

Participant's Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____, day of _____, 20____, by _____ (name of person making statement).

(Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

If Identification Produced, type of Identification _____

i SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.