

CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS

In The City of Pembroke Pines • 1951 NW 150th Avenue – Suite #104 • Pembroke Pines, FL 33028

BENEFICIARY DESIGNATION FORM

NEW DESIGNATION
 CHANGE

FIREFIGHTER
 POLICE OFFICER

I, _____ (Please Print Name) hereby designate the following person(s) as my **PRIMARY** beneficiary(ies) under the terms and provisions of the pension ordinances:

1 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

2 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

3 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

I hereby designate the following person(s) as my **CONTINGENT** beneficiary(ies) entitled to receive the percentage(s) indicated in the event of my death and that of the primary beneficiary(ies) specified above, under the terms and provisions of the pension ordinances:

1 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

2 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

3 _____ %

Name	Relationship	Date of Birth	Percentage
Street _____			
City / State / Zip _____			

The foregoing beneficiary designation revokes any and all prior designations (if applicable). I acknowledge that it is my responsibility to notify the Board of Trustees in writing, should any change be necessitated in the future that would affect the information set forth in this form.

⇒ _____
Employee Signature

⇒ _____
Witness

⇒ _____
Date

⇒ _____
Witness