

CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS

In The City of Pembroke Pines • 1951 NW 150th Avenue – Suite #104 • Pembroke Pines, FL 33028-2875

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

⇒ _____
Date

⇒ _____
Witness

⇒ _____
Witness