

## CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS

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

### DROP SURVIVOR BENEFICIARY FORM

If I, \_\_\_\_\_, should die before my DROP account balances are paid out in full, the following person or persons:

_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %

shall receive the pay out selected in DROP Attachment "A". The pay out of the DROP account balances selected by the foregoing shall be in addition to any payments payable according to the retirement option selected.

In the event that the foregoing person(s) predecease(s) me, then the portion payable to that person(s) shall be payable in equal shares to:

_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %
_____ Name	_____ Last 4 Digits of Soc Sec #	_____ Percentage %

In the event that any of the foregoing persons predecease me, then the balance of my DROP accounts would be divided equally among the remaining beneficiaries.

I understand the above beneficiary designation supersedes any previous beneficiary designation I may have made and will remain in force until I request a change in accordance with the provisions of the DROP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

The foregoing affidavit was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did ☐ did not ☐ take an oath.

\_\_\_\_\_  
Notary Public Signature (SEAL)