CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS

In The City of Pembroke Pines • 1951 NW 150th 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
		%
		%
		%
		%

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
		%
		%
		%
		%

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 ☐ did not take an oath.

_____ **(SEAL)**

Notary Public Signature