

**DESIGNATION OF BENEFICIARY FORM
(Active Members Only)**

**TO: Board of Trustees
Pompano Beach Police & Firefighters'
Retirement System**

Pursuant to applicable provisions of the Retirement System, I hereby make the following Beneficiary Designation for benefits in the event of my death:

	<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Percent</u>
PRINCIPAL:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
CONTINGENT:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

If any designated Beneficiary shall predecease me, the rights and interests of such Beneficiary shall thereupon automatically terminate; in such event, any interest held by or through me by reason of my death and participation herein, shall cease and terminate completely.

I reserve the right to change the designated Beneficiaries at any time upon filing a new written request with the Board and which request, when received by the Board, shall revoke any prior selection or designation of Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change.

(Witness to Signature)

(Signature of Member)

(Member's Name)

(Street Address)

(City) (State) (Zip)

**Original received and effective
on** _____

BOARD OF TRUSTEES

BY _____