## POMPANO BEACH POLICE & FIREFIGHTERS' RETIREMENT SYSTEM

## SHARE PLAN MEMBER'S DESIGNATION OF BENEFICIARY

Pursuant to applicable provisions of the Share Plan (Supplemental Retirement Benefit for Firefighters), I hereby make the following Beneficiary(s) Designation for my Share Plan account in the event of my death:

	Name of Beneficiary	Relationship	Birth Date	Percent	
PRINCIPAL:					
CONTINGENT:	Name of Beneficiary	Relationship	Birth Date	Percent	
- - -					
	hare Plan account balance is paid out in eive the pay out options set forth in Sect			the same	
	t in order to designate a trust as a bene redact personal or irrelevant information			document,	
Plan account balar beneficiaries die be beneficiaries who	rincipal beneficiary is not alive on the donce shall be payable to such Principal before the distribution date, the Share Pla are alive on the distribution date, prorate before the distribution date, then the before the distribution date.	eneficiaries who survive n account balance shall b ta. If the Principal benet	me, prorata. If a e payable to the ficiaries and the	all Principal Contingent Contingent	
(Signature of Share Plan Member)			(Date)		
(Printed Na	me of Share Plan Member)				
STATE OF FLORIDA					
The foregoing instrur	ment was acknowledged before me this	day	,	_	
by	(name of person acknowledg	ing), who is personally know	<u>vn to me</u> or who ha	as produced	
	type of identification) as ider	ntification and who did (did no	ot) take an oath.		
	_	(Signature)			
	 (Na	me of Notary: Print, Type or	r Stamp)		