

**DESIGNATION OF BENEFICIARY FORM – REGULAR PENSION BENEFIT
(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(s) 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 a principal beneficiary predeceases me, his or her interest shall be redistributed equally to all remaining principal beneficiaries. If no principal beneficiary survives me, the above-listed contingent beneficiaries shall receive my death benefits. If no principal or contingent beneficiary survives me, my death benefits shall be payable as provided in the Plan.

I acknowledge that in order to designate a trust as a beneficiary, I must provide a copy of the trust document, provided that I may redact personal or irrelevant information as acceptable to the Board of Trustees.

I reserve the right to change my designations at any time before my death. The proper filing of a new Designation of Beneficiary Form shall revoke any and all prior designations. The consent of a beneficiary is not necessary to change designations.

(Witness to Signature)

(Signature of Member)

(Witness Printed Name)

(Member's Name)

(Street Address)

(City) (State) (Zip)

**Original received and effective
on** _____

**BOARD OF TRUSTEES
BY** _____