

POMPANO BEACH POLICE & FIREFIGHTERS' RETIREMENT SYSTEM

DROP MEMBER'S DESIGNATION OF BENEFICIARY

Pursuant to applicable provisions of the Deferred Retirement Option Plan (DROP), I hereby make the following Beneficiary(s) Designation for my DROP account in the event of my death:

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

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

If I die before my DROP account balance is paid out in full, my designated beneficiary shall have the same rights as me to receive the pay out options set forth in Section 34.0603(1)(2) of the City Code. The DROP payments to my beneficiary shall be in addition to any payments payable under any optional form of retirement benefits elected by me.

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.

In the event any Principal beneficiary predeceases me, that beneficiary's share of the DROP account balance shall be payable to such Principal beneficiaries who survive me, prorata. If all Principal beneficiaries predecease me, the DROP account balance shall be payable to the Contingent beneficiaries who survive me. The shares of any Contingent beneficiary who predeceases me shall be payable to such Contingent beneficiaries who survive me, prorata. If the Principal beneficiaries and the Contingent beneficiaries all predecease me, then the balance of my DROP account shall be payable to my Estate.

(Signature of DROP Member)

(Date)

(Printed Name of DROP Member)

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____, _____ by _____, who is personally known to me or who has produced _____ as identification.

(Signature)

(Name of Notary: Print, Type or Stamp)