

**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 “Certificate of Trust” in accordance with Florida Statutes §736.1017. If a Certificate of Trust is unavailable, 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. Notice for Revocable Trust Beneficiaries: If you name a revocable trust as a beneficiary, the plan allows two distribution options: 1) lump sum distribution to the trust, or a direct rollover to an inherited IRA established in the name of the trust. By signing this form, you (or the trustee) certify that the trust qualifies to receive an inherited IRA. The trustee is responsible for managing the account and following all IRA rules, including any required distribution schedules, after the distribution.

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)

**Original received and effective
on:** _____

(Street Address)

**BOARD OF TRUSTEES
BY** _____

(City) (State) (Zip)