

**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>
<b>PRINCIPAL:</b>	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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

If I die before my DROP account balance is paid out in full, my designated beneficiary (subject to the Trust exception set forth below) shall have the same rights as me to receive the payout 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 "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.

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 this \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ (name of person acknowledging), who is personally known to me or who has produced \_\_\_\_\_ type of identification) as identification and who did (did not) take an oath.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Notary: Print, Type or Stamp)