

POMPANO BEACH POLICE & FIREFIGHTERS' RETIREMENT SYSTEM

POLICE SHARE PLAN MEMBER'S DESIGNATION OF BENEFICIARY

Pursuant to applicable provisions of the Share Plan (Supplemental Retirement Benefit for Police Members), I hereby make the following Beneficiary(s) Designation for my Share Plan 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 Share Plan 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 34.0605 of the City Code and the Board of Trustees of the Pompano Beach Police & Firefighters' Retirement System's Policy Statement Re Supplemental "Share Plan" Retirement Benefit for Police Officers.

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 is not alive on the distribution date, that beneficiary's share of the Share Plan account balance shall be payable to such Principal beneficiaries who survive me, prorata. If all Principal beneficiaries die before the distribution date, the Share Plan account balance shall be payable to the Contingent beneficiaries who are alive on the distribution date, prorata. If the Principal beneficiaries and the Contingent beneficiaries all die before the distribution date, then the balance of my Share Plan account shall be payable to my Estate.

(Signature of Share Plan Member)

(Date)

(Printed Name of Share Plan Member)

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization 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)