

WEST PALM BEACH POLICE PENSION FUND

ATTACHMENT TO DESIGNATION OF BENEFICIARY

RULES APPLICABLE TO CHANGE A BENEFICIARY

1. You can change your beneficiary at any time before you retire. In order to change or revoke any designation of beneficiary, the change or revocation must be made in writing, signed by you before a notary public, and filed with the Board of Trustees. Please return the original to:
West Palm Beach Police Pension Fund
2100 North Florida Mango Road
West Palm Beach, Florida 33409
2. A change in the family status (marriage, divorce, or birth of children) will not revoke or cancel your designation of beneficiary.
3. If your designated beneficiary dies before you, or if you fail to name a designated beneficiary, death benefits may be paid either to your spouse, descendants, parents, or heirs of your estate.
4. After you retire, a change in beneficiary for an optional joint or survivor benefit may only be made twice. Also, in such a case, the change in beneficiary must be approved by the Board of Trustees and evidence of good health of the removed beneficiary may be required. The removed beneficiary must, in any case, be alive when the new designation of beneficiary is filled.

Signature

Date



West Palm Beach Police Pension Fund

Beneficiary Designation Form

New Member Pre-Retirement DROP Normal/Early Retirement Share _____

EMPLOYEE DATA

Member Name: _____ Date of Hire: _____

Marital Status: _____ Date of Birth: _____
(Submit Proof) (Submit Proof)

Male: _____ Female: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ Cellular: _____

Badge #: _____ E-mail Address: _____

PRIMARY BENEFICIARY

I _____ designate the following person as my *primary beneficiary*
(Employee Please Print Name)
entitled to receive any benefits due in the event of my death:

Beneficiary Name: _____ Relationship: _____

Male: _____ Female: _____ SS#: _____ Date of Birth: _____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ Cellular: _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ Relationship: _____

Male: _____ Female: _____ SS#: _____ Date of Birth: _____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone : _____ Cellular: _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Submit Proof)

Phone : _____ **Cellular:** _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Submit Proof)

Phone : _____ **Cellular:** _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____
(Submit Proof)

Phone : _____ **Cellular:** _____

E-mail Address: _____

The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (if applicable). I also acknowledge that it is my responsibility to notify the Board of Trustees of the West Palm Beach Pension Fund (or their designee) should any change in beneficiary be necessitated in the future, or if there is (are) any other change(s) that may affect the accuracy of this form.

Employee's/Retiree's Signature

Date

State of _____
County of _____

The foregoing instrument was acknowledged before me this ____/____/____ by
Date

_____, who is personally known to me or who has
(Name of person acknowledging)

produced _____ as identification and did (did not) take a oath
(Type of identification)

Notary Public

Commission Number:

Commission Expires:

Return to: **West Palm Beach Police Pension Fund**
2100 N. Florida Mango Road
West Palm Beach, Florida 33409

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

*In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.

Office use only

Updated/Entered By: _____

Date: _____