

**EMPLOYEES' PENSION PLAN OF THE CITY OF
BOYNTON BEACH FLORIDA
DESIGNATION OF BENEFICIARY**

PLEASE PRINT OR TYPE

Participant's Info

Participant's Name: _____

Social Security Number*: _____

*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.

Date of Birth: _____

1. Primary Beneficiary

I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:

a. Name Beneficiary: _____

b. Relationship to Participant: _____

c. Beneficiary's Social Security Number*: _____

*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.

d. Date of Birth of Beneficiary: _____

e. Sex of Beneficiary: Male _____ Female _____

f. Home Address of Beneficiary: _____

g. Telephone Number of Beneficiary: _____

2. Contingent Beneficiary

If the above-named primary beneficiary dies before me, or is not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due in the event of my death:

a. Name of Contingent Beneficiary: _____

b. Relationship to Participant: _____

c. Beneficiary's Social Security Number*: _____

*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.

d. Date of Birth of Beneficiary: _____

e. Sex of Beneficiary: Male _____ Female _____

f. Home Address of Beneficiary: _____

g. Telephone Number of Beneficiary: _____

Include Area Code

The above designation of beneficiary revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits to be paid to me.

**BE SURE TO KEEP YOUR BENEFICIARY AND CONTACT
INFORMATION UPDATED WITH THE FUND**

***THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO
WILL THEN BE ABLE TO NOTARIZE THE FORM***

Participant's Signature

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____.

_____ Personally known

_____ OR Produced identification

Type of identification produced: _____

Signature, Notary Public

Printed Name of Notary*

**In accordance with the provisions of §117.04(4)(i), below the signature, the name of notary must be printed, typed or stamped. The Notary seal must be affixed to the side of the signature or below the printed name.*