

Member Name:			Member SSN:	
Pension Benefit	DROP Account	□ Share Account	Hire Date:	

All regular full-time employees are automatically enrolled in the Retirement Plan & Trust for Firefighters of The City of Clermont (the "Plan"). In the event of your death, benefits may be payable to the person(s) you designate as your beneficiary(ies). To make sure we have accurate information regarding each designated beneficiary, please complete the information below. We appreciate your help in enabling us to keep accurate records for the Plan; you should update this information on file with the Plan any time that your personal circumstances or status changes.

Primary Beneficiary(ies)

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive the benefit due in the event of my death. Pay my share of the Plan in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

(Name)	(Percentage)	(Name)	(Percentage)
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth)	(Phone Number)	(Date Of Birth)	(Phone Number)
(Name)	(Percentage)	(Name)	(Percentage)
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth)	(Phone Number)	(Date Of Birth)	(Phone Number)

Contingent Beneficiary(ies)

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive the benefit due in the event of my death. Pay my share of the Plan in equal shares (or percentages indicated below) to the following designated person(s):

(Name)	(Percentage)	(Name)	(Percentage)
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth)	(Phone Number)	(Date Of Birth)	(Phone Number)
(Name)	(Percentage)	(Name)	(Percentage)
(Social Security Number)	(Relationship)	(Social Security Number)	(Relationship)
(Date Of Birth)	(Phone Number)	(Date Of Birth)	(Phone Number)

The above designation of beneficiary(ies) revokes and supersedes any and all prior beneficiary designations for the City of Clermont Employees Retirement Plan. I hereby authorize the Board of Trustees of the Plan to make payment to the beneficiary(ies) whom I designated above. I understand that the beneficiary(ies) I select may affect the amount of benefits paid by the Plan. I agree on behalf of myself and my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the Plan from any further obligation.

Signature (Requires Notarization Below)

Date

Printed Name

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, personally appeared _______, who is personally known to me or has produced ________ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, ____,

Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is:

Please Return Completed Form To:

Retirement Plan & Trust for the Firefighters of the City of Clermont c/o Resource Centers, LLC 4360 Northlake Blvd. Suite 206 Palm Beach Gardens, FL 33410 Email: <u>ClientServices@ResourceCenters.com</u>