



RETIREMENT PLAN & TRUST FOR THE FIREFIGHTERS OF THE CITY OF CLERMONT

BENEFICIARY DESIGNATION FORM

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)

