CITY OF COCOA FIREFIGHTERS' RETIREMENT PLAN DESIGNATION OF BENEFICIARY

1. PARTICIPANT

1.		ne of Participant:				
		(Last))	(First)	(Middle)	
2.	b.Social Security Number: BENEFICIARY I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:					
	a.	Name of Beneficiary:				
	b.	Beneficiary's Social Security Number:				
	c.	Relationship:		_Date of Birth:		
	d.	Beneficiary's Address:				
	benefi	If the above-named 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: a. Name of Contingent Beneficiary:				
	b.	Contingent Beneficiary's Social Security Number:				
	c.				rth:	
	d.	d. Contingent Beneficiary's Address:				
	Date	Date		Participant's Signature		
Sworr	n and su	bscribed to before me t	hisd	ay of	, 20	
My Co	ommiss	ion Expires:				
		1	Notary Publi	e, State of Florida	a	