



# Coral Gables Firefighters Pension Trust

## Designation of Beneficiary

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

### Primary Beneficiary(ies)

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive the total amount of the accumulated contributions and earnings to my credit in the Coral Gables Firefighters' Pension Trust in the event of my death prior to retirement, and following my retirement, any and all balances in my account. 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)

### 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 total amount of the accumulated contributions and earnings to my credit in the Coral Gables Firefighters' Pension Trust in the event of my death prior to retirement, and following my retirement, any and all balances in my account. Pay my share of the Pension Fund 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)

The above designation of beneficiary(ies) revokes and supersedes any and all prior designations of beneficiaries for the Coral Gables Firefighters' Pension Trust. I hereby authorize the Board of Trustees of the Coral Gables Firefighters' Pension Trust to make payment to the beneficiary(ies) whom I have above nominated and 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 system from any further obligation.

Participant's Signature

Date

Witness Signature

Printed Name (Witness)