

<p style="text-align: center;">FORT PIERCE POLICE OFFICERS' PENSION FUND DESIGNATION OF BENEFICIARY</p>

PLEASE PRINT OR TYPE:

Participant's Name: _____

1. Primary Beneficiary

I hereby designate the following person as my principal beneficiary entitled to receive any benefit due in the event of my death, unless I have selected a retirement benefit with a joint annuitant:

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 before my retirement, I designate the following person as the contingent beneficiary entitled to receive any benefit due in the event of my death, unless I have selected a retirement benefit with a joint annuitant:

a. Name 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 Contingent Beneficiary: _____
- e. Sex of Contingent Beneficiary: Male _____ Female _____
- f. Home Address of Contingent Beneficiary: _____

- g. Telephone Number of Contingent Beneficiary: _____

The above designation of beneficiaries revokes any and all prior designations of beneficiaries.

NOTE:

A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.

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

THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC WHO MAY THEN NOTARIZE IT.

Witness

Signature of Participant

Printed Name of Witness

Printed name of Participant

STATE OF FLORIDA

COUNTY OF _____

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this _____ day of _____, 20____, by _____.

Signature, Notary Public

In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:

Printed, typed or stamped name of Notary

_____ Personally known

_____ OR Produced identification

Type of identification produced: _____

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