

DROP ATTACHMENT "A"

**CITY OF GULFPORT
GENERAL EMPLOYEES' PENSION PLAN
DROP SURVIVOR BENEFICIARY FORM**

If I, _____, should die before my DROP Account balance is distributed, the following person or persons shall receive the balance of my DROP Account balance:

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

The pay-out of the DROP Account balance selected by the foregoing shall be in addition to any payments payable according to the retirement option selected. In the event that the foregoing person(s) predecease the other beneficiaries, their portion shall be divided equally among the above surviving beneficiaries.

In the event that all the foregoing person(s) predecease me, then the portion payable to that person(s) shall be payable to the following person or persons:

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

In the event that all of the foregoing persons predecease me, then the balance of my DROP Account shall be paid to my estate.

Signature

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, who is personally known to me or who produced a _____ as identification and who did not take an oath.

Notary Public