

**DROP ATTACHMENT "A"**

**CITY OF GULFPORT  
MUNICIPAL POLICE OFFICERS' TRUST FUND**

**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 \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Name typed, printed or stamped  
My Commission Expires: \_\_\_\_\_

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_.