TOWN OF JUPITER POLICE OFFICERS' RETIREMENT FUND
DESIGNATION OF BENEFICIARY

PLEASE PRINT OR TYPE:

I. Participant:

Name of Participant: _____
(Last) (First) (Middle)

Social Security #: _____- _____ - _____ Date of Birth:_____

II. Beneficiary

I hereby designate the following person(s) as my beneficiary(ies) entitled to receive any benefit due under this Retirement Fund in the event of my death and I hereby revoke any previous Designation of Beneficiary submitted by me:

Name of Beneficiary: _____

Beneficiary's Social Security Number: _____

Relationship: _____

Date of Birth of Beneficiary: _____

Sex of Beneficiary: Male _____ Female _____

Address: _____
(Address) (Street)

_____
(City) (State) (Zip Code)

Telephone Number of Beneficiary: (_____) _____
(Area Code) (Telephone #)

III. Contingent Beneficiary:

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 benefits due:

Name of Contingent Beneficiary: _____

His/Her Social Security Number: _____

Relationship: _____

His/Her Date of Birth: _____

Sex of Beneficiary: Male _____ Female _____

Address: _____
(Address) (Street)

_____
(City) (State) (Zip Code)

Telephone Number of Beneficiary: (_____) _____
Area Code (Telephone #)

I reserve the right to change the designated beneficiary(ies) at any time by filing a new written request with the Board of Trustees and which request, when received by the Board of Trustees, shall revoke any prior selection or designation of beneficiary(ies). The consent of my beneficiary(ies) shall not be required to effectuate any change.

_____ _____
(Participant's Signature) (Date)

Sworn to and subscribed before me this
_____ day of _____, 20 _____ My Commission Expires:

_____
Notary Public

State of _____At Large