

**CITY OF LAKE MARY  
FIREFIGHTERS' RETIREMENT SYSTEM**

**MEMBER'S DESIGNATION OF BENEFICIARY**

Type or print

| <b>PART A MEMBER INFORMATION</b>   |               |                               |                        |  |
|--|---------------|-------------------------------|------------------------|--|
| Member's Name (First, Middle, Last)  | Date of Birth | Telephone Number              |                        |  |
| Social Security Number   | Date of Hire  | Starting Salary               |                        |  |
| Address (Street Address, City, State, Zip Code)  |               |                               |                        | Are you retired? <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>PART B - PRIMARY Beneficiary or Primary Beneficiaries in Equal Shares, Survivors or Survivor*</b>       |               |                               |                        |  |
| Name   | Sex           | Trust, Estate or Relationship | Birth Date (Mo/Day/Yr) | Present Address  |
| 1. _____   | _____         | _____                         | _____                  | _____  |
| 2. _____   | _____         | _____                         | _____                  | _____  |
| 3. _____   | _____         | _____                         | _____                  | _____  |
|  |               |                               |                        |  |
| <b>PART C - CONTINGENT Beneficiary or Contingent Beneficiaries in Equal Shares, Survivors or Survivor*</b> |               |                               |                        |  |
| 1. _____   | _____         | _____                         | _____                  | _____  |
| 2. _____   | _____         | _____                         | _____                  | _____  |
| 3. _____   | _____         | _____                         | _____                  | _____  |
|  |               |                               |                        |  |

**\*If additional space is needed, USE ADDITIONAL FORMS. Do not attach plain paper or continue to the back of this form.**

**If you are using additional forms, check this box.**

If no primary beneficiary survives the member, all benefits payable will be paid to the contingent beneficiary(ies). In the event no contingent beneficiary(ies) survive(s) the member, all proceeds will be paid to the member's estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (may *not* be a named beneficiary)

(1 Copy to Member, 1 Copy to Board)

## Designation of Beneficiary Instructions

### Important

A member may designate any natural person or persons, trust, or estate as beneficiary. The Board of Trustees recognizes only those designations which are received in the Retirement System's office prior to the member's death. When you name a beneficiary or beneficiaries, this person or persons will receive any and all benefits payable as a result of your death. **THIS FORM DOES NOT AFFECT BENEFITS PAYABLE TO JOINT PENSIONERS DESIGNATED AS SUCH UNDER A JOINT AND SURVIVOR BENEFIT OPTION.** Any beneficiaries named will share equally in the benefits payable. This form supersedes and revokes any and all prior designations and primary/contingent beneficiary(ies).

### INSTRUCTIONS

Completion of Form - This designation of beneficiary form must be typed or printed by the member. Please complete the form carefully. Forms that appear to be modified or altered in any way will not be accepted. The member's name should be signed in the same manner as it appears on the form. **This form will replace all previous beneficiary designations; therefore, it should be correctly and thoroughly completed.**

Witnesses - A witness for the member's signature is required. **The witness must be a disinterested party, not a beneficiary.**

Beneficiaries - **A member may designate any natural person or persons, trust or estate as beneficiary.** To name a primary beneficiary only, the name of the beneficiary, relationship to the member and date of birth, and address should be entered in the space below the heading, "Primary Beneficiary". In such case, the area below the heading, "Contingent Beneficiary" should be left blank. If a contingent beneficiary is desired, both areas must be completed. The information relating to the primary beneficiary should be inserted in the area below the heading "Primary Beneficiary", and the information relating to the contingent beneficiary should be inserted under the heading, "Contingent Beneficiary". More than one primary beneficiary and more than one contingent beneficiary may be named. Example: If you previously named a primary and contingent beneficiary and you now wish to change only the primary beneficiary, yet wish to keep the previously named contingent beneficiary, you must still complete the contingent beneficiary section on the latest form since it revokes and supersedes all other forms previously submitted.

Trust/Estate - If you choose to name a trust/estate as a beneficiary, provide the name and address of the trust/estate. (Example: John Doe, Trust #1, Sixth National Bank, Orlando, Florida 32809) No other primary beneficiaries may be designated if you name a trust/estate as primary beneficiary, but you may name other contingent beneficiaries. No other contingent beneficiaries may be designated if you choose to name a trust/estate as contingent beneficiary.

### Notice

If any designated Beneficiary shall predecease you, the rights and interests of such Beneficiary shall thereupon automatically terminate; in such event any interest held by that Beneficiary by or through you, by reason of your death and participation herein, shall cease and terminate completely.

You reserve the right to change the designated Beneficiaries at any time upon filing a new written request with the Board and which request, when received by the Board, shall revoke any prior selection or designation of Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change.