

**DROP ATTACHMENT "A"**

**CITY OF LAKE MARY  
FIREFIGHTERS' RETIREMENT SYSTEM  
DROP SURVIVOR BENEFICIARY FORM**

If I, \_\_\_\_\_, should die before my DROP Account balance is distributed, the following person or persons:

\_\_\_\_\_%  
Name \_\_\_\_\_

\_\_\_\_\_  
Date of Birth / Relationship

\_\_\_\_\_%  
Name \_\_\_\_\_

\_\_\_\_\_  
Date of Birth / Relationship

shall receive the balance of my DROP Account balance. 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 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