

Lake Worth Firefighters' Pension Trust Fund
-AND-
Lake Worth Division II Firefighters' Relief and Pension Fund
Designation Of Beneficiary

- ☐ Pension Fund (Division I)
☐ Share Account (Division II)
☐ DROP Account

(Check all boxes if you want the same beneficiary(ies) for all benefits. If you want different beneficiary(ies) for all benefits, you will need to fill out a separate Form for each benefit.)

(Participant Name)

(Social Security Number)

(Date Of Birth)

(Address)

(City, State Zip)

(Phone Number)

*** This Designation of Beneficiary only applies to Division I and Division II. It does not apply to any other beneficiary designation that you may have through the City of Lake Worth (for example, life insurance, health insurance, 457 plan, etc.). You must contact the City of Lake Worth directly in order to change any beneficiary designations for anything other than for Division I and Division II.**

(Please Print Or Type)

Primary Beneficiary

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

Contingent Beneficiary

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving contingent beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

The above designation of beneficiaries revokes any and all prior designation of beneficiaries for the accounts indicated. I understand that the beneficiary I select may affect the amount of benefits to be paid to me. I also acknowledge receipt of the attached Rules Applicable to Change Of Beneficiary.

Employee's Signature

Date

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20____.

Notary Public, State of Florida
At Large

My Commission Expires:

My Commission Number Is:

Lake Worth Firefighters' Pension Trust Fund
-AND-
Lake Worth Division II Firefighters' Relief and Pension Fund

Attachment To Designation Of Beneficiary
Rules Applicable To Change A Beneficiary

1. You can change your beneficiary at any time before you retire. In order to change or revoke any designation of beneficiary, the change or revocation must be in writing, signed by you before a notary public, and filed with the Boards of Trustees. Please return the original Designation of Beneficiary to:

Boards of Trustees of the Lake Worth Firefighters' Divisions I and II
c/o The Pension Resource Center, Inc.
4360 Northlake Boulevard, Suite 206
Palm Beach Gardens, FL 33410

2. A change in the family status **except** for divorce (marriage or birth of children) will **not** revoke or cancel your designation of beneficiary. A designation of your spouse as beneficiary **will** be voided in the event of divorce.
3. If your designated beneficiary dies before you, or if you fail to name a designated beneficiary, death benefits may be paid either to your spouse, descendants, parents, heirs, or to your estate, at the discretion of the Boards of Trustees.
4. This Designation of Beneficiary only applies to Lake Worth Firefighters' Pension Trust Fund (Division I) and Lake Worth Division II Firefighters' Relief and Pension Fund (Division II). It does not apply to any other beneficiary designation that you may have through the City of Lake Worth/Palm Beach County (for example, life insurance, health insurance, 457 plan, etc.). You must contact the City of Lake Worth/Palm Beach County directly in order to change any beneficiary designations for anything other than for Division I and Division II.