

MARCO ISLAND FIREFIGHTERS' PENSION PLAN

BENEFICIARY DESIGNATION FORM

Member Name: _____ Member SSN: _____

Primary Beneficiary(ies)

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 Plan 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)	_____ (Name)	_____ (Percentage)
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)

Contingent Beneficiary(ies)

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 Plan in equal shares (or percentages indicated below) to the following designated person(s):

_____ (Name)	_____ (Percentage)	_____ (Name)	_____ (Percentage)
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)

The above designation of beneficiaries revokes and supersedes any and all prior designation of beneficiaries for the accounts indicated for the Marco Island Police Firefighters' Pension Plan. I understand that the beneficiary I select may affect the amount of benefits paid by the Plan.

Employee's Signature (Requires Notarization Below)

Date

STATE OF: _____

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