MIAMI BEACH POLICEMEN'S RELIEF AND PENSION FUND
Designation of Beneficiary

Member Name: _____   Member SSN: _____

Department: _____   Hire Date: _____

Primary Beneficiary(ies)

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive the total amount of the accumulated contributions and earnings to my credit in the Miami Beach Policemen's Relief and Pension Fund in the event of my death prior to retirement, and following my retirement, any and all balances in my account. 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 the total amount of the accumulated contributions and earnings to my credit in the Miami Beach Policemen's Relief and Pension Fund in the event of my death prior to retirement, and following my retirement, any and all balances in my account. Pay my share of the Pension Fund 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 beneficiary(ies) revokes and supersedes any and all prior designations of beneficiaries for the Miami Beach Policemen's Relief and Pension Fund. I hereby authorize the Board of Trustees of the Miami Beach Policemen's Relief and Pension Fund to make payment to the beneficiary(ies) whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation.

_____   _____
Participant's Signature   Date

_____   _____
Witness Signature   Printed Name (Witness)