

DROP ATTACHMENT "A"

**CITY OF OKEECHOBEE GENERAL
EMPLOYEES' RETIREMENT SYSTEM**

DROP SURVIVOR BENEFICIARY FORM

If I, _____, should die before my DROP Account balance is distributed, the following person or persons shall receive the balance of my DROP Account balance:

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

Name _____ %

Date of Birth / Relationship

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 the other beneficiaries, their portion shall be divided equally among the above surviving beneficiaries.

In the event that all 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 _____
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ___ day of _____, 20___ by _____.

Notary Public _____

Name typed, printed or stamped _____

My Commission Expires: _____

Personally known _____ OR Produced Identification _____
Type of Identification Produced: _____