

DROP ATTACHMENT "A"

**CITY OF OKEECHOBEE
MUNICIPAL POLICE OFFICERS' PENSION TRUST FUND**

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