

<p align="center"><b>RETIREMENT SYSTEM FOR GENERAL EMPLOYEES' OF THE ST. LUCIE COUNTY FIRE DISTRICT PENSION TRUST FUND</b></p> <p align="center"><b>DESIGNATION OF BENEFICIARY</b></p>
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**PLEASE PRINT OR TYPE:**

Participant's Name: \_\_\_\_\_

**1. Primary Beneficiary**

I hereby designate the following person(s) as my principal beneficiary entitled to receive any benefit due in the event of my death:

<p>a. Name Beneficiary: _____</p> <p>b. Relationship to Participant: _____</p> <p>c. Percentage: _____</p> <p>d. Beneficiary's Social Security Number: _____</p> <p><small>In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.</small></p> <p>e. Date of Birth of Beneficiary: _____</p> <p>f. Sex of Beneficiary: Male _____ Female _____</p> <p>g. Home Address of Beneficiary: _____ _____ _____</p> <p>h. Telephone Number of Beneficiary: _____ _____</p>	<p>a. Name Beneficiary: _____</p> <p>b. Relationship to Participant: _____</p> <p>c. Percentage: _____</p> <p>d. Beneficiary's Social Security Number: _____</p> <p><small>In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.</small></p> <p>e. Date of Birth of Beneficiary: _____</p> <p>f. Sex of Beneficiary: Male _____ Female _____</p> <p>g. Home Address of Beneficiary: _____ _____ _____</p> <p>h. Telephone Number of Beneficiary: _____ _____</p>
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**2. Contingent Beneficiary**

If the above-named primary beneficiary(ies) dies before me, or not be available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due in the event of my death:

<p>a. Name Contingent Beneficiary:_____</p> <p>_____</p> <p>b. Relationship to Participant:_____</p> <p>c. Percentage:_____</p> <p>d. Beneficiary's Social Security Number:</p> <p>_____</p> <p>In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.</p> <p>e. Date of Birth of Contingent Beneficiary:_____</p> <p>f. Sex of Contingent Beneficiary:    Male_____</p> <p>Female_____</p> <p>g. Home Address of Contingent Beneficiary:</p> <p>_____</p> <p>_____</p> <p>h. Telephone Number of Contingent Beneficiary:</p> <p>_____</p>	<p>a. Name Contingent Beneficiary:_____</p> <p>_____</p> <p>b. Relationship to Participant:_____</p> <p>c. Percentage:_____</p> <p>d. Beneficiary's Social Security Number:</p> <p>_____</p> <p>In accordance with the provisions of §119.071(5)(a)6g, Florida Statutes, the collection and use of social security numbers is authorized for the purpose of the administration of the pension fund.</p> <p>e. Date of Birth of Contingent Beneficiary:_____</p> <p>f. Sex of Contingent Beneficiary:    Male_____</p> <p>Female_____</p> <p>g. Home Address of Contingent Beneficiary:</p> <p>_____</p> <p>_____</p> <p>h. Telephone Number of Contingent Beneficiary:</p> <p>_____</p>
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The above designation of beneficiaries revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits to be paid to me.

**NOTE:**

***A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. Please be advised that your court order may affect your ability to change the designated beneficiary. To ensure that***

***your assets are paid as you want them to be, keep your beneficiary updated.***

<p align="center"><b>BE SURE TO KEEP YOUR BENEFICIARY INFORMATION UPDATED WITH THE FUND</b></p>
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**THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC WHO MAY THEN NOTARIZE IT.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Witness

**STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_**

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

*In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:*

\_\_\_\_\_  
Printed, typed or stamped name of Notary

\_\_\_\_\_  
Personally known  
\_\_\_\_\_  
OR Produced identification  
Type of identification produced: \_\_\_\_\_