

# **CITY OF SUNRISE GENERAL EMPLOYEES' RETIREMENT PLAN**

## **DROP ACCOUNT BENEFICIARY DESIGNATION FORM**

### **I. Participant:**

Name of Participant: \_\_\_\_\_,  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **II. Beneficiary:**

I hereby designate the following person (or persons) as my beneficiary(ies) entitled to receive the balance held in my DROP account in the event of my death:

**Name of Beneficiary:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**Beneficiary's Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth of Beneficiary:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex of Beneficiary:** Male \_\_\_\_\_ Female: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number of Beneficiary:** ( ) \_\_\_\_\_

**Name of Beneficiary:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**Beneficiary's Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth of Beneficiary:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex of Beneficiary:** Male \_\_\_\_\_ Female: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number of Beneficiary:** ( ) \_\_\_\_\_

**(Note that the total percentages for both beneficiaries may not exceed one hundred percent. You are permitted to list a child as a beneficiary, but the Pension Board may require the appointment of a guardian prior to payment of monies to a minor child. If a married member fails to designate his or her spouse, the benefit will be paid to the beneficiary. Failure to designate a spouse may result in a lower benefit for the non-spouse beneficiary. It is important that you update this form from time to time, as your family circumstances change.)**

**III. Contingent Beneficiary (To receive benefit if above named beneficiaries predecease member):**

If the above named beneficiary(ies) dies before me, or is not available to receive any benefit due, I designate the following person(s) as the contingent beneficiary(ies) entitled to receive the balance held in my DROP account:

**Name of Contingent Beneficiary:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**Beneficiary's Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth of Beneficiary:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex of Beneficiary:** Male \_\_\_\_\_ Female: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number of Contingent Beneficiary:** ( ) \_\_\_\_\_

**Name of Contingent Beneficiary:** \_\_\_\_\_ **Percentage:** \_\_\_\_\_

**Beneficiary's Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date of Birth of Beneficiary:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex of Beneficiary:** Male \_\_\_\_\_ Female: \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone Number of Contingent Beneficiary:** ( ) \_\_\_\_\_

**(Note that the total percentages for both contingent beneficiaries may not exceed one hundred percent.)**

**This form takes the place of any other DROP account beneficiary form previously filed.**

\_\_\_\_\_  
(Member's signature)

SOCIAL SECURITY NUMBERS ARE REQUESTED AND MAINTAINED ON BEHALF OF ALL PLAN PARTICIPANTS, BENEFICIARIES AND RETIREES FOR DATA COLLECTION, RECONCILIATION, TRACKING, BENEFIT PROCESSING, TAX REPORTING, AND IDENTITY VERIFICATION PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR DEATH RECORD SEARCHES FOR RETIREES.

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Name:  
Notary Public  
My Commission Expires: \_\_\_\_\_  
Commission No: \_\_\_\_\_