

CITY OF TEMPLE TERRACE

DESIGNATION OF BENEFICIARY FORM
ACTIVE FIREFIGHTERS ONLY

NAME: \_\_\_\_\_
Print or Type (Last) (First) (Middle)

DATE OF BIRTH: \_\_\_\_\_

In accordance with applicable Florida Statutes and City Ordinances, I hereby designate the following beneficiaries to receive the following benefits should I die prior to my separation from employment as a firefighter with the City of Temple Terrace.

- 1. Any life insurance provided as a result of my employment with the City of Temple Terrace.
2. Any benefits contained in my deferred compensation program with the City of Temple Terrace.
3. Death benefits pursuant to Section 112.191, Florida Statutes, titled "Firefighters; death benefits".
4. Refund of member pension contributions or, if entitled, payment of pension benefits, including pension death benefits.
5. Payment of any unpaid wages, unpaid annual leave, and unpaid sick leave, if owing.

If you do not want the below named beneficiaries to receive each of the above listed benefits, initial only those benefits you want the below named beneficiaries to receive and draw a line through the others; then use another designation of beneficiary from for the other benefits.

If the applicable law designates who the beneficiary will be, then that law will control over this designation of beneficiary form. For example, if for a death benefit the law provides that your spouse shall be the beneficiary and you have designated your parent or child, the law will control and your spouse will receive the death benefit.

TYPE OR PRINT THE FOLLOWING SECTIONS

SEQUENTIALLY (IN ORDER NAMED) - Benefits will be paid to the first living named beneficiary.

Primary Beneficiary Relationship Birthdate Gender
Street Address City State Zip Code

First Contingent Beneficiary Relationship Birthdate Gender
Street Address City State Zip Code

Second Contingent Beneficiary Relationship Birthdate Gender
Street Address City State Zip Code

OR

**JOINTLY** – Benefits shall be divided and payable as indicated below (percentages should total 100%). If a primary beneficiary predeceases you, their percentage will go to the remaining living primary beneficiaries.

_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %
_____ Street Address	_____ City	_____ State	_____ Zip Code	
_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %
_____ Street Address	_____ City	_____ State	_____ Zip Code	
_____ Primary Beneficiary	_____ Relationship	_____ Birthdate	_____ Gender	_____ %
_____ Street Address	_____ City	_____ State	_____ Zip Code	

If the above does not meet your needs, attach a signed and dated listing of your designated beneficiaries (in the above format). Please include the relationship, birthday, gender, percentage, and address for each designated beneficiary.

\_\_\_\_\_  
*Active Firefighter Signature*

\_\_\_\_\_  
*Date*

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

SWORN TO (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by, \_\_\_\_\_, who is personally known to me or who produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC

**You should keep your beneficiary designations current at all times.**

**This designation is only valid if filed with the City's Human Resources office.**

**This designation will continue to be effective unless you submit to the City's Human Resources office a new Designation of Beneficiary form.**