

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. |
| <i>(Initials)</i> | |
| _____ | 2. Any benefits contained in my deferred compensation program with the City of Temple Terrace. |
| <i>(Initials)</i> | |
| _____ | 3. Death benefits pursuant to Section 112.191, Florida Statutes, titled "Firefighters; death benefits". |
| <i>(Initials)</i> | |
| _____ | 4. Refund of member pension contributions or, if entitled, payment of pension benefits, including pension death benefits. |
| <i>(Initials)</i> | |
| _____ | 5. Payment of any unpaid wages, unpaid annual leave, and unpaid sick leave, if owing. |
| <i>(Initials)</i> | |

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 form 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.