Temple Terrace Firefighters' Pension Fund

Please desig			
	gnate the joint beneficiary (if	applicable):	
(Name)		(Social Security Number)	(Relationship)
(Address)		(Date Of Birth)	(Phone Number)
(City)	(State) (Zip Co	ode)	
OPTION	payment to you as long as If you should die before amount will continue to monthly payments have b	F ANNUITY: This option s you live, with 120 monthly 120 monthly payments have be paid to your beneficiary een made in all.	payments guaranteed been made, the same until a total of 120
	 STRAIGHT LIFE ONL payment to you as long a payments will cease. 100% JOINT AND SU monthly payment to you beneficiary, if still living amount for the rest of the 75% JOINT AND SUI monthly payment to you beneficiary, if still living rest of their life. 66 2/3% JOINT AND SUI monthly payment to you beneficiary, if still living the rest of their life. 50% JOINT AND SUI monthly payment to you beneficiary, if still living the rest of their life. 50% JOINT AND SUI monthly payment to you beneficiary, if still living rest of their life. Social Security Option to amount of \$ 	Y ANNUITY: This option as you live. At the time of your RVIVOR ANNUITY: This as long as you are living. An ag, will receive monthly page.	is option provides a After your death, your death, your death, your death, your death, your nthly payment for the After your death, your monthly payment for soption provides a After your death, your monthly payment for soption provides a After your death, your monthly payment for the After your death, your nthly payment for the provides a monthly and a monthly benefit
	(Member Signature)		(Date)
	(Name: Please Print)		

PLEASE RETURN TO: TEMPLE TERRACE FIREFIGHTERS' PENSION FUND

c/o Resource Centers, LLC 4360 Northlake Blvd, Suite 206 Palm Beach Gardens, FL 33410