

Tequesta Public Safety Pension Fund

Designation Of Beneficiary

- ☐ Pension Fund
☐ DROP Account

(Participant Name)

(Social Security Number)

(Date Of Birth)

(Please Print Or Type)

Primary Beneficiary

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

Contingent Beneficiary

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s):

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

Contingent Beneficiary Continued

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

(Name) (Percentage)

(Social Security Number) (Relationship)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(E-Mail Address)

The above designation of beneficiaries revokes any and all prior designation of beneficiaries for the accounts indicated. I understand that the beneficiary I select may affect the amount of benefits to be paid to me. I also acknowledge receipt of the attached Rules Applicable to Change Of Beneficiary.

Employee's Signature

Date

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me _____ by means of ☐ physical presence ☐ online notarization and who is ☐ personally known to me or ☐ has produced _____ as identification, and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, _____.

Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

PLEASE RETURN TO:

TEQUESTA PUBLIC SAFETY PENSION FUND
C/O PENSION RESOURCE CENTER
4360 NORTH LAKE BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33410

Tequesta Public Safety Pension Fund

Attachment To *Designation Of Beneficiary* Rules Applicable To Change A Beneficiary

1. You can change your beneficiary at any time before you retire. In order to change or revoke any designation of beneficiary, the change or revocation must be in writing, signed by you before a notary public, and filed with the Board of Trustees.
 2. A change in the family status (marriage, divorce or birth of children) will **not** revoke or cancel your designation of beneficiary.
 3. If your designated beneficiary dies before you, or if you fail to name a designated beneficiary, death benefits may be paid to your estate.
 4. After you retire, a change in beneficiary for an optional joint or survivor benefit may only be made twice. Also, in such a case, the change in beneficiary must be approved by the Board of Trustees and evidence of good health of the removed beneficiary may be required. The removed beneficiary must, in any case, be alive when the new designation of beneficiary is filed.
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