

# WEST MELBOURNE POLICE RETIREMENT PLAN

## DESIGNATION OF BENEFICIARY

### PLEASE PRINT CLEARLY:

Participant's Name: \_\_\_\_\_

Social Security # (Last Four Digits)\* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **1. Primary Beneficiary**

I designate the following person(s) as my beneficiary entitled to receive any benefit due in the event of my death. Indicate percentages if naming more than one primary beneficiary. Percentages should total 100 percent. After the death of all primary beneficiaries, any remaining benefits are paid to the contingent beneficiary(s).

	<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>S.S. (last 4)</i>	<i>Percentage</i>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____

### **2. Contingent Beneficiary**

If the above-named primary beneficiary dies before me, or is not available to receive any benefit due, I designate the following person(s) as the contingent beneficiary entitled to receive any benefit due in the event of my death. Indicate percentages if naming more than one contingent beneficiary. Percentages should total 100 percent.

	<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>S.S. (last 4)</i>	<i>Percentage</i>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____

\_\_\_\_\_  
**Participant's Signature**

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

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature - Notary Public

\*In accordance with the provisions of §119.071(5)(a)6g, *Florida Statutes*, the collection and use of social security numbers is authorized for the purpose of the administration of the pension plan.

The preceding designation of beneficiary revokes any and all prior designations of beneficiaries.

I reserve the right to change the designated beneficiaries at any time upon filing a new written request with the West Melbourne Police Retirement Board and which request, when received by the Board, shall revoke any prior designation of beneficiary. The consent of a beneficiary shall not be required to effectuate any change.

### **KEEP A COPY FOR YOUR RECORDS**

Received this \_\_\_\_ day of \_\_\_\_\_. By: \_\_\_\_\_  
On behalf of West Melbourne Police Retirement Board