

**THE CITY OF WEST PALM BEACH
RESTATED EMPLOYEES' DEFINED BENEFIT RETIREMENT SYSTEM**

DESIGNATION OF BENEFICIARY

PLEASE PRINT OR TYPE:

I PARTICIPANT:

Name of Participant: _____

Social Security # _____ - _____ - _____ Date of Birth: _____

II. BENEFICIARY:

I hereby designate the following person as my primary beneficiary entitled to receive any benefits due under this Retirement Fund in the event of my death:

a. Name of Primary Beneficiary: _____

b. Relationship to the Participant: _____

c. Beneficiary's Social Security Number: _____

d. Date of Birth of Beneficiary: _____

e. Sex of Beneficiary: Male _____ Female _____

f. Address of Beneficiary: _____

g. Telephone Number of Beneficiary: (_____) _____ - _____

h. E-Mail Address of Beneficiary: _____

III CONTINGENT BENEFICIARY:

If the above named primary beneficiary dies before me, or not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefits due in the event of my death:

a. Name of Contingent Beneficiary: _____

b. Relationship to Participant: _____

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- c. Beneficiary's Social Security Number: _____
- d. Date of Birth of Beneficiary: _____
- e. Sex of Beneficiary: _____ Male _____ Female
- f. Address of Beneficiary: _____

- g. Telephone Number of Beneficiary: (_____) _____ - _____
- h. E-Mail Address of Beneficiary: _____

The above designation of beneficiaries revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits paid to me.

Participant's Signature

Date

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, personally appeared _____
_____, 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 _____ day of _____,
_____.

NOTARY PUBLIC, State of Florida

My Commission Expires:

My Commission Number is:

RETURN TO:
PENSION RESOURCE CENTER
4360 Northlake Blvd. Suite 206
Palm Beach Gardens, FL 33410

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