

**CITY OF HAINES CITY
GENERAL EMPLOYEES' RETIREMENT PLAN**

MEMBER'S DESIGNATION OF BENEFICIARY

Type or print

PART A - MEMBER INFORMATION					
Member's Name (First, Middle, Last)		Date of Birth	Telephone Number		
Address (Street Address, City, State, Zip Code)					
Are you retired? _____ Yes _____ No					
PART B - PRIMARY Beneficiary or Primary Beneficiaries in Equal Shares, Survivors or Survivor*					
Name	Sex	Trust, Estate or Relationship	Birth Date (Mo/Day/Yr)	Present Address	
1. _____	_____	_____	_____	_____	
2. _____	_____	_____	_____	_____	
3. _____	_____	_____	_____	_____	
PART C - CONTINGENT Beneficiary or Contingent Beneficiaries in Equal Shares, Survivors or Survivor*					
1. _____	_____	_____	_____	_____	
2. _____	_____	_____	_____	_____	
3. _____	_____	_____	_____	_____	

***If additional space is needed, USE ADDITIONAL FORMS. Do not attach plain paper or continue to the back of this form.**

If you are using additional forms, check this box.

If no primary beneficiary survives the member, all benefits payable will be paid to the contingent beneficiary(ies). In the event no contingent beneficiary(ies) survive(s) the member, all proceeds will be paid to the member's estate.

Date

Signature of Member

Date

Witness Signature (may *not* be a named beneficiary)

Designation of Beneficiary Instructions

Important

A member may designate any natural person or persons, trust, or estate as beneficiary. The Board of Trustees recognizes only those designations which are received in the Retirement System's office prior to the member's death. When you name a beneficiary or beneficiaries, this person or persons will receive any and all benefits payable as a result of your death. **THIS FORM DOES NOT AFFECT BENEFITS PAYABLE TO JOINT PENSIONERS DESIGNATED AS SUCH UNDER A JOINT AND SURVIVOR BENEFIT OPTION.** Any beneficiaries named will share equally in the benefits payable. This form supersedes and revokes any and all prior designations and primary/contingent beneficiary(ies).

INSTRUCTIONS

Completion of Form - This designation of beneficiary form must be typed or printed by the member. Please complete the form carefully. Forms that appear to be modified or altered in any way will not be accepted. The member's name should be signed in the same manner as it appears on the form. **This form will replace all previous beneficiary designations; therefore, it should be correctly and thoroughly completed.**

Witnesses - A witness for the member's signature is required. **The witness must be a disinterested party, not a beneficiary.**

Beneficiaries - **A member may designate any natural person or persons, trust or estate as beneficiary.** To name a primary beneficiary only, the name of the beneficiary, relationship to the member and date of birth, and address should be entered in the space below the heading, "Primary Beneficiary". In such case, the area below the heading, "Contingent Beneficiary" should be left blank. If a contingent beneficiary is desired, both areas must be completed. The information relating to the primary beneficiary should be inserted in the area below the heading "Primary Beneficiary", and the information relating to the contingent beneficiary should be inserted under the heading, "Contingent Beneficiary". More than one primary beneficiary and more than one contingent beneficiary may be named. Example: If you previously named a primary and contingent beneficiary and you now wish to change only the primary beneficiary, yet wish to keep the previously named contingent beneficiary, you must still complete the contingent beneficiary section on the latest form since it revokes and supersedes all other forms previously submitted.

Trust/Estate - If you choose to name a trust/estate as a beneficiary, provide the name and address of the trust/estate. (Example: John Doe, Trust #1, Sixth National Bank, Orlando, Florida 32809) No other primary beneficiaries may be designated if you name a trust/estate as primary beneficiary, but you may name other contingent beneficiaries. No other contingent beneficiaries may be designated if you choose to name a trust/estate as contingent beneficiary.

Notice

If any designated Beneficiary shall predecease you, the rights and interests of such Beneficiary shall thereupon automatically terminate; in such event any interest held by that Beneficiary by or through you, by reason of your death and participation herein, shall cease and terminate completely.

You reserve the right to change the designated Beneficiaries at any time upon filing a new written request with the Board and which request, when received by the Board, shall revoke any prior selection or designation of Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change.

I hereby certify that the preceding statements are true and correct to the best of my knowledge. I also certify that I will adhere to the requirements of the Plan. I understand a false statement may disqualify me for benefits.

This application revokes any prior application.

Signature: _____

Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was sworn before me this _____ day of _____, 20__ by _____ who is personally known to me or who has procured _____ as identification, and who did take an oath.

Notary Public

My commission expires:

"Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes."