



**WEST PALM BEACH POLICE PENSION FUND**  
**OFFICE OF RETIREMENT**

2100 North Florida Mango Road  
West Palm Beach, Florida 33409

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**PLEASE REFRAIN SENDING BACK THIS DOCUMENT  
UNSECURED VIA E-MAIL. OTHER ALTERNATIVES US MAIL,  
FAX (NUMBER CITED ABOVE) OR DROP OFF AT THE  
OFFICE.**

**ALSO USE LAST 4 OF SSN ONLY.**

**THANK YOU!**



# West Palm Beach Police Pension Fund

## Beneficiary Designation Form

New Member  Pre-Retirement  DROP  Normal/Early Retirement  Share  \_\_\_\_\_

### EMPLOYEE DATA

Member Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Submit Proof) (Submit Proof)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Cellular: \_\_\_\_\_

Badge #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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### PRIMARY BENEFICIARY

I \_\_\_\_\_ designate the following person as my *primary beneficiary*  
(Employee Please Print Name)  
entitled to receive any benefits due in the event of my death:

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Submit Proof)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.**

### CONTINGENT BENEFICIARY

I \_\_\_\_\_ designate the following person as my *contingent beneficiary*  
(Employee Please Print Name)  
entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Submit Proof)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

West Palm Beach Police Pension Fund

CONTINGENT BENEFICIARY

I \_\_\_\_\_ designate the following person as my *contingent beneficiary*  
(Employee Please Print Name)  
entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the primary beneficiary:

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(Submit Proof)

**Phone :** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

CONTINGENT BENEFICIARY

I \_\_\_\_\_ designate the following person as my *contingent beneficiary*  
(Employee Please Print Name)  
entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the primary beneficiary:

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(Submit Proof)

**Phone :** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

CONTINGENT BENEFICIARY

I \_\_\_\_\_ designate the following person as my *contingent beneficiary*  
(Employee Please Print Name)  
entitled to receive \_\_\_\_\_% benefits due in the event of my death and that of the primary beneficiary:

**Beneficiary Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **SS#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(Submit Proof)

**Phone :** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**West Palm Beach Police Pension Fund**

I \_\_\_\_\_ acknowledge that a change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732,703, divorce or annulment may void the election of a former spouse as a designated beneficiary.

The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (if applicable). I also acknowledge that it is my responsibility to notify the Board of Trustees of the West Palm Beach Pension Fund (or their designee) should any change in beneficiary be necessitated in the future, or if there is (are) any other change(s) that may affect the accuracy of this form.

\_\_\_\_\_  
**Employee's/Retiree's Signature** \_\_\_\_\_  
**Date**

State of \_\_\_\_\_ Check One:  
County of \_\_\_\_\_ Physical Presence ( )  
Online Notarization ( )

The foregoing instrument was acknowledged before me this \_\_\_\_/\_\_\_\_/\_\_\_\_ by  
*Date*

\_\_\_\_\_, who is personally known to me or who has  
*(Name of person acknowledging)*

produced \_\_\_\_\_ as identification and did (did not) take a oath  
*(Type of identification)*

\_\_\_\_\_  
**Notary Public**

Commission Number:

Commission Expires:

**Return to:** **West Palm Beach Police Pension Fund**  
**2100 N. Florida Mango Road**  
**West Palm Beach, Florida 33409**

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

\*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 fund.

\_\_\_\_\_  
**Office use only**

Updated/Entered By: \_\_\_\_\_ Date: \_\_\_\_\_