



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: _____

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 _____
County of _____

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: _____