

# Cooper City General Employees Pension Plan

## Designation Of Beneficiary

Pension Fund  
DROP Account

(Check both boxes if you want the same beneficiary(ies) for all benefits. If you want different beneficiary(ies) for each benefit, you will need to fill out a separate Form for each benefit.)

\_\_\_\_\_  
(Participant Name)  
\_\_\_\_\_  
(Social Security Number) (Date Of Birth)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State Zip) (Phone Number)

**(Please Print Or Type)**

### *Primary Beneficiary*

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

### *Contingent Beneficiary*

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving contingent beneficiaries do not total 100%, I direct the Pension Fund to pro-rate the benefits in proportion to the percentages shown.

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

\_\_\_\_\_  
(Name) (Percentage)  
\_\_\_\_\_  
(Social Security Number) (Relationship)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_  
(Date Of Birth) (Phone Number)

***Contingent Beneficiary continued***

\_\_\_\_\_  
(Name) (Percentage)

\_\_\_\_\_  
(Social Security Number) (Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Date Of Birth) (Phone Number)

\_\_\_\_\_  
(Name) (Percentage)

\_\_\_\_\_  
(Social Security Number) (Relationship)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Date Of Birth) (Phone Number)

The above designation of beneficiaries revokes any and all prior designation of beneficiaries for the accounts indicated. I understand that the beneficiary I select may affect the amount of benefits to be paid to me. I also acknowledge receipt of the attached Rules Applicable to Change Of Beneficiary.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF BROWARD

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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida  
At Large

My Commission Expires:

My Commission Number Is:

**Cooper City General Employees Pension Plan**  
**Attachment To *Designation Of Beneficiary***  
**Rules Applicable To Change A Beneficiary**

1. You can change your beneficiary at any time before you retire. In order to change or revoke any designation of beneficiary, the change or revocation must be in writing, signed by you before a notary public, and filed with the Board of Trustees. Please return the original Designation of Beneficiary to:

Board of Trustees of the Cooper City General Employees Pension Plan  
c/o The Pension Resource Center, Inc.  
4360 Northlake Boulevard, Suite 206  
Palm Beach Gardens, FL 33410

2. A change in the family status **except** for divorce (marriage or birth of children) will **not** revoke or cancel your designation of beneficiary. A designation of your spouse as beneficiary **will** be voided in the event of divorce.

Florida Statutes Section 732.703 - voids the designation of the former spouse as a death beneficiary as of the date of the divorce. It applies to all deaths occurring on or after July 1, 2012 regardless of when the designation was made.

3. If your designated beneficiary dies before you, or if you fail to name a designated beneficiary, death benefits may be paid either to your spouse, descendants, parents, heirs, or to your estate, at the discretion of the Board of Trustees.
4. This Designation of Beneficiary only applies to the Cooper City General Employees Pension Plan. It does not apply to any other beneficiary designation that you may have through the City (for example, life insurance, health insurance, 457 plan, etc.). You must contact the City directly in order to change any beneficiary designations for anything other than for the Pension Fund.
5. In accordance with the provisions of Section 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 Retirement Plan.