

Lake Worth Beach General Employees Pension Fund

Designation Of Beneficiary

- Pension Fund
- DROP Account
- 5/5/5 Account

(Participant Name)

(Social Security Number)

(Date Of Birth)

(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)

(Name) (Percentage)

(Social Security Number)

(Social Security Number)

(Address)

(Address)

(City) (State) (Zip Code)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Name) (Percentage)

(Social Security Number)

(Social Security Number)

(Address)

(Address)

(City) (State) (Zip Code)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(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):

(Name) (Percentage)

(Name) (Percentage)

(Social Security Number)

(Social Security Number)

(Address)

(Address)

(City) (State) (Zip Code)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Date Of Birth) (Phone Number)

Contingent Beneficiary Continued

(Name) (Percentage)

(Social Security Number)

(Address)

(City) (State) (Zip Code)

(Date Of Birth) (Phone Number)

(Name) (Percentage)

(Social Security Number)

(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.

Employee'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 the _____ day of _____, 20____.

Notary Public, State of Florida
At Large

My Commission Expires:
My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

PLEASE RETURN TO:

LAKE WORTH GENERAL EMPLOYEES PENSION FUND
C/O PENSION RESOURCE CENTER
4360 NORTH LAKE BOULEVARD, SUITE 206
PALM BEACH GARDENS, FL 33410