

# MIRAMAR FIREFIGHTERS' RETIREMENT PLAN

## DESIGNATION OF BENEFICIARY

**PLEASE PRINT OR TYPE:**

Participant's Name: \_\_\_\_\_

**1. Primary Beneficiary**

I hereby designate the following person as my principal beneficiary entitled to receive any benefit due in the event of my death:

a. Name Beneficiary: \_\_\_\_\_

b. Relationship to Participant: \_\_\_\_\_

c. Beneficiary's Social Security Number: \_\_\_\_\_

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.

d. Date of Birth of Beneficiary: \_\_\_\_\_

e. Sex of Beneficiary:                      Male \_\_\_\_\_ Female \_\_\_\_\_

f. Home Address of Beneficiary: \_\_\_\_\_

\_\_\_\_\_

g. Telephone Number of Beneficiary: \_\_\_\_\_

**2. Contingent Beneficiary**

If the above-named primary beneficiary dies before me, or not be available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefit due in the event of my death:

a. Name Contingent Beneficiary: \_\_\_\_\_

b. Relationship to Participant: \_\_\_\_\_

c. Beneficiary's Social Security Number: \_\_\_\_\_

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.

d. Date of Birth of Contingent Beneficiary: \_\_\_\_\_

- e. Sex of Contingent Beneficiary: Male\_\_\_\_\_ Female\_\_\_\_\_
- f. Home Address of Contingent Beneficiary: \_\_\_\_\_  
\_\_\_\_\_
- g. Telephone Number of Contingent Beneficiary: \_\_\_\_\_

The above designation of beneficiaries revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits to be paid to me.

**NOTE:**

*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.*

**BE SURE TO KEEP YOUR BENEFICIARY  
INFORMATION UPDATED WITH THE FUND**

**THIS FORM MUST BE NOTARIZED WHICH REQUIRES THAT YOU SIGN IT IN THE PRESENCE OF A NOTARY PUBLIC WHO MAY THEN NOTARIZE IT.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed name of Participant

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

SWORN TO (or AFFIRMED) AND SUBSCRIBED before me this \_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

*In accordance with the provisions of Florida Statutes, §117.04(4)(I), Notary name must printed, typed or stamped below Notary's signature; seal must be stamped next to signature or below printed name:*

\_\_\_\_\_  
Printed, typed or stamped name of Notary

\_\_\_\_\_ Personally known

\_\_\_\_\_ OR Produced identification

Type of identification produced: \_\_\_\_\_