

ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS'
PENSION TRUST FUND
DESIGNATION OF BENEFICIARY

PLEASE PRINT OR TYPE:

Participant's Name: _____

1. Primary Beneficiary

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

<p>a. Name Beneficiary: _____</p> <p>b. Relationship to Participant: _____</p> <p>c. Percentage: _____</p> <p>d. Beneficiary's Social Security Number: _____</p> <p><small>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.</small></p> <p>e. Date of Birth of Beneficiary: _____</p> <p>f. Sex of Beneficiary: Male _____ Female _____</p> <p>g. Home Address of Beneficiary: _____</p> <p>_____</p> <p>_____</p> <p>h. Telephone Number of Beneficiary: _____</p> <p>_____</p>	<p>a. Name Beneficiary: _____</p> <p>b. Relationship to Participant: _____</p> <p>c. Percentage: _____</p> <p>d. Beneficiary's Social Security Number: _____</p> <p><small>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.</small></p> <p>e. Date of Birth of Beneficiary: _____</p> <p>f. Sex of Beneficiary: Male _____ Female _____</p> <p>g. Home Address of Beneficiary: _____</p> <p>_____</p> <p>_____</p> <p>h. Telephone Number of Beneficiary: _____</p> <p>_____</p>
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2. Contingent Beneficiary

If the above-named primary beneficiary(ies) 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:

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.

Signature of Participant

Signature of Witness

Printed Name of Participant

Printed Name of Witness

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: _____