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:

a. Name Beneficiary:	a. Name Beneficiary:
b. Relationship to Participant:	b. Relationship to Participant:
c. Percentage:	c. Percentage:
d. Beneficiary's Social Security Number:	d. 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.	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.
e. Date of Birth of Beneficiary:	e. Date of Birth of Beneficiary:
f. Sex of Beneficiary: Male Female	f. Sex of Beneficiary: Male Female
g. Home Address of Beneficiary:	g. Home Address of Beneficiary:
h. Telephone Number of Beneficiary:	h. Telephone Number of Beneficiary:

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:

a. Name Contingent Beneficiary:	a. Name Contingent Beneficiary:
b. Relationship to Participant:	b. Relationship to Participant:
c. Percentage:	c. Percentage:
d. Beneficiary's Social Security Number:	d. 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	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.	purpose of the administration of the pension fund.
e. Date of Birth of Contingent Beneficiary:	e. Date of Birth of Contingent Beneficiary:
f. Sex of Contingent Beneficiary: Male	f. Sex of Contingent Beneficiary: Male
Female	Female
g. Home Address of Contingent Beneficiary:	g. Home Address of Contingent Beneficiary:
h. Telephone Number of Contingent Beneficiary:	h. 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. Please be advised that your court order may affect your ability to change the 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.

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:
Personally known OR Produced identification Type of identification produced:	Printed, typed or stamped name of Notary
Type of Identification produced.	BSJ/pah -August 16, 201 H:\SLCFD-FF 1157\FORMS\2013 - Designation of Beneficiary.wp