



IAFF Local 2820
Miramar, FL

Miramar Firefighters' Local 2820 VEBA Trust Fund

Designation of Beneficiary

Member Name: _____ Member SSN: _____

Department: _____ Hire Date: _____

Primary Beneficiary(ies)

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive the total amount of the accumulated contributions and earnings to my credit in the Miramar Firefighters' Local 2820 VEBA Trust Fund in the event of my death prior to retirement, and following my retirement, any and all balances in my account. If percentages shown below for surviving beneficiaries do not total 100%, I direct the VEBA Trust Fund to pro-rate the benefits in proportion to the percentages shown:

_____ (Name)	_____ (Percentage)	_____ (Name)	_____ (Percentage)
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)

Contingent Beneficiary(ies)

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive the total amount of the accumulated contributions and earnings to my credit in the Miramar Firefighters' Local 2820 VEBA Trust Fund in the event of my death prior to retirement, and following my retirement, any and all balances in my account. Pay my share of the VEBA Trust Fund in equal shares (or percentages indicated below) to the following designated person(s):

_____ (Name)	_____ (Percentage)	_____ (Name)	_____ (Percentage)
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)

The above designation of beneficiary(ies) revokes and supersedes any and all prior designations of beneficiaries for the Miramar Firefighters' Local 2820 VEBA Trust Fund. I hereby authorize the Board of Trustees of the Miramar Firefighters' Local 2820 VEBA Trust Fund to make payment to the beneficiary(ies) whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation.

_____ Participant's Signature	_____ Date
_____ Witness Signature	_____ Printed Name (Witness)