



# SARASOTA FIREFIGHTERS INSURANCE TRUST FUND

c/o Resource Centers, LLC  
4360 Northlake Blvd. Suite 206  
Palm Beach Gardens, FL 33410

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800.452.2454 (toll free)  
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## BENEFICIARY DESIGNATION FORM

*Martin A. Ferris, Founding Chairman*

Employee/Retiree Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Retired/Terminated if applicable \_\_\_\_\_

Marital Status \_\_\_\_\_ Name of Spouse if applicable \_\_\_\_\_

Date Received \_\_\_\_\_

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### Beneficiary Designation

1) Name of Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Relationship to you \_\_\_\_\_

2) Contingent Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS # \_\_\_\_\_

Relationship to you \_\_\_\_\_

Employee/Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Witness (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_