

**BOARD OF TRUSTEES OF THE CITY PENSION FUND
FOR FIREFIGHTERS AND POLICE OFFICERS
IN THE CITY OF TAMPA**

13TH CHECK DESIGNATION OF BENEFICIARY FORM

IMPORTANT ---PLEASE READ CAREFULLY

The designation of beneficiary on this form is for one purpose and one purpose only. I understand that if I am alive on an October 1 and it is certified that a 13th check is payable for the fiscal year just ended, and I die before the date of that 13th check distribution (no later than June 30 the following year), my eligible surviving spouse will receive the 13th check. However, if I do not have an eligible surviving spouse on the date of that 13th check distribution (no later than June 30 the following year), the 13th check will be paid to the beneficiary or beneficiaries I designated on this form to receive the 13th check.

If I, _____ (print name), am eligible to receive a 13th check for a particular fiscal year but die between October 1 and the date of that 13th check distribution no later than June 30 of the following year, I understand that the 13th check payment will be made to my eligible surviving spouse. **I hereby designate the following person(s) to receive the 13th check if and only if I do not have an eligible surviving spouse on the date of that 13th check distribution (no later than June 30 of the following year).** If there is no beneficiary or beneficiaries designated for the 13th check, my estate will receive the payment. If I have selected Option 3 – Joint Annuitant as my optional form of payment, I may designate a beneficiary for the receipt of this 13th check other than my joint annuitant. The designated beneficiary for this 13th check may also be a Trust.

PRIMARY BENEFICIARY(IES)

1. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

2. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

3. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

4. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100%.

%

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

In the event that the foregoing person(s) predecease me, then the portion payable to that person(s) shall be payable as designated herein. If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s):

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CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

2. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

3. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

4. Beneficiary Name: _____ DOB _____ %
Relationship: _____ Social Security Number: _____
Beneficiary's Address: _____
City: _____ State: _____ Zip Code: _____

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100%. %

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Contingent beneficiaries will receive only the percentage of predeceased primary beneficiaries.

I understand that the Tampa Fire & Police Pension Fund requests and maintains social security numbers on behalf of plan participants, beneficiaries and retirees for data collection, reconciliation, tracking, benefit processing, tax reporting, and identity verification purposes. I also understand that social security numbers are also used as a unique numeric identifier and may be used for death record searches for retirees and beneficiaries.

This designation will continue to be effective unless I submit (and the Pension Office receives) a new 13th Check Designation of Beneficiary(ies) form adopted by the Trustees.

Signature

Date

STATE OF _____
COUNTY OF _____

The foregoing instrument is acknowledged before me this _____ day of _____, 200_, by _____, who is personally known to me or who produced a _____ as identification.

Notary Public