



General Employees Retirement Fund

Bob Buckhorn, Mayor

DESIGNATION OF BENEFICIARY – B

I, _____, Social Security number _____,
Date of Birth _____, a City of Tampa employee and a participant in Division A of the City
of Tampa's Retirement Plan for General Employees, realize that, if:

- 1) I die having earned pension credit while in the active service of the City of Tampa, my legal heir(s) shall receive in a lump sum an amount equal to my annual salary at the time of death; and
- 2) I die while in the active service of the City of Tampa, I was formerly a member of Division A, and I am not married at the time of my death, my legal heir(s) shall receive a lump sum payment, without interest, of my contributions as a member of Division A.

Further, I realize that my legal heir(s) are entitled to receive the monthly pension benefit that I would have received the end of the month that I die.

Further, I realize that my heir(s) are my designated beneficiary(ies) or, in the absence of such a designation or if there is no surviving designated beneficiary, my legal heir(s) as determined by applicable law.

I, _____, designate the following as my primary legal heir(s):

1. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
2. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
3. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
4. Heir's Name: _____ DOP _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%

Initial here _____

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Further, I, _____, designate the following as my contingent legal heir(s) in case one or more of my primary legal heirs are deceased at the time of my death:

1. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
2. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
3. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
4. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%
5. Heir's Name: _____ DOB _____
Heir's Address (Street, Apartment, City, State, & Zip Code) _____
Heir's Social Security Number: _____ Percentage to be Paid to Heir _____%

Signature _____

STATE of _____
COUNTY of _____

Sworn to (or affirmed) and subscribed before this _____ day of _____, _____, by

_____.

Type of Identification Produced _____
Signature of Notary

Initial here _____