<u>DESIGNATION OF BENEFICIARY OR BENEFICIARIES FOR PENSION BENEFITS</u>

Name:_____   F&P#:_____
                                                            (payroll ID)

I am the: (check one) ☐ Retiree   ☐ Active Member   ☐ Spouse/Joint Annuitant

<u>Must Check One</u>: ☐ **All benefits**   ☐ **Regular pension benefit**   ☐ **13th Check benefit**
                                                   (including balance of contributions, if any)

In the event I do not have a surviving spouse (options 1 & 2) or joint annuitant (option 3) who will continue receiving these benefits upon my death, I hereby designate the following beneficiary(ies) to receive the pension benefits indicated above that may be due to me, if any.

PRIMARY BENEFICIARY(IES)

1. Beneficiary Name:_____ DOB_____ _____%
    Relationship:_____ Social Security #:_____
    Phone #:_____ Address:_____
    City:_____ State:_____ Zip Code:_____

2. Beneficiary Name:_____ DOB_____ _____%
    Relationship:_____ Social Security #:_____
    Phone #:_____ Address:_____
    City:_____ State:_____ Zip Code:_____

3. Beneficiary Name:_____ DOB_____ _____%
    Relationship:_____ Social Security #:_____
    Phone #:_____ Address:_____
    City:_____ State:_____ Zip Code:_____

4. Beneficiary Name:_____ DOB_____ _____%
    Relationship:_____ Social Security #:_____
    Phone #:_____ Address:_____
    City:_____ State:_____ Zip Code:_____

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

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

In the event that the foregoing person(s) predecease me, then the portion payable to that person(s) shall be payable as designated hereafter. 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).

_____ **Initial here if any payments to the contingent beneficiary(ies) will occur ONLY if no primary beneficiary(ies) is available to receive payment.**

CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name:_____ DOB_____ _____%
   Relationship:_____ Social Security #:_____
   Phone #:_____ Address:_____
   City:_____ State:_____ Zip Code:_____

2. Beneficiary Name:_____ DOB_____ _____%
   Relationship:_____ Social Security #:_____
   Phone #:_____ Address:_____
   City:_____ State:_____ Zip Code:_____

3. Beneficiary Name:_____ DOB_____ _____%
   Relationship:_____ Social Security #:_____
   Phone #:_____ Address:_____
   City:_____ State:_____ Zip Code:_____

4. Beneficiary Name:_____ DOB_____ _____%
   Relationship:_____ Social Security #:_____
   Phone #:_____ Address:_____
   City:_____ State:_____ Zip Code:_____

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

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

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.

This designation will continue to be effective unless I submit, and the Pension Office receives, a new Designation of Beneficiary of Beneficiaries for Pension Benefits form adopted by the Trustees.

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.

_____   _____
              Signature   Date

STATE OF _____
COUNTY OF_____
The foregoing instrument is acknowledged before me this _____ day of _____, 20__, by
_____, who is personally known to me or who produced a
_____ as identification.

                                    _____
                                              Notary Public

K:\FORMS\Designation of Beneficiary Form - DRAFT.doc reviewed by board counsel 01.22.14 - updated 08.18.16 tc