



BENEFICIARY DESIGNATION/CHANGE FORM

Please type or print in ink

Member Name:		<input type="checkbox"/> Original	<input type="checkbox"/> Change
Pension ID #:	Last 4 Social Security #:	<input type="checkbox"/> Retired	<input type="checkbox"/> Spouse
Address			
City/State/Zip		Phone #:	
Beneficiary Designation for General Employees' Retirement Fund Retirees and Beneficiaries			
<p>I, _____, do hereby designate in accordance with Section 12 of the City Retirement Plan, the below named person(s) to receive the following proceeds, if applicable: one time lump-sum death benefit payment; refund of my retirement contributions; and/or funds accumulated in my Deferred Retirement Option Program (DROP) account upon my death.</p>			
Full legal name of person(s), trust or institution:		Last 4 Social Security # (or TIN)	Phone #:
Address, City, State, Zip		Relationship to member	
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent (upon Primaries death)		Share %:	Birth Date
Full legal name of person(s), trust or institution:		Last 4 Social Security # (or TIN)	Phone #:
Address, City, State, Zip		Relationship to member	
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent (upon Primaries death)		Share %:	Birth Date
Full legal name of person(s), trust or institution:		Last 4 Social Security # (or TIN)	Phone #:
Address, City, State, Zip		Relationship to member	
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent (upon Primaries death)		Share %:	Birth Date
Full legal name of person(s), trust or institution:		Last 4 Social Security # (or TIN)	Phone #:
Address, City, State, Zip		Relationship to member	
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent (upon Primaries death)		Share %:	Birth Date
<p>I hereby direct, that should I survive the above-named beneficiary (ies), any such benefit(s) aforementioned shall be paid to myestate or to such other beneficiary (ies) as I shall hereafter nominate by written designation, duly acknowledged and filed prior to mydeath with the General Employees' Retirement Fund in accordance with the laws governing the operation of said Fund.</p>			
Member's Signature:			Date:
THIS FORM MUST BE SIGNED AND NOTARIZED IN ORDER TO BE VALID			
State of		County of	
Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 20____, by _____			
Notary Public Signature:			
Notary Printed Name:			
Personally Known <input type="checkbox"/> OR Produced Identification -Type:			

INSTRUCTIONS AND INFORMATION

NOTE: This form (1) does not designate your beneficiary for life insurance benefits, if eligible and (2) must be on file in the General Employees' Retirement Fund office prior to the death of the member.

1. Types of Beneficiaries:
 - a. **Primary** - Person(s) to receive the death benefits upon the death of the member.
 - b. **Contingent** - Person(s) to receive death benefits upon the death of the member and primary beneficiary (ies). A contingent beneficiary should be designated.
2. If multiple primary beneficiaries are named, the proceeds will be split equally, unless otherwise instructed on the form.
3. Use given names such as "Mary L. Doe," not "Mrs. John Doe."
4. Upon death, if a **minor** (child less than 18 years of age) is named as beneficiary, a guardian must be appointed by the court before benefits can be paid.
5. Upon death, if an **estate** is named as beneficiary, an administrator or an executor must be appointed by the court before benefits can be paid.
6. If a trust is named as beneficiary, the name of the trustee must be listed as well as the date that the trust agreement was completed. A copy of the trust agreement must be submitted with the death claim
7. In order to be valid, this form must be filled out completely and notarized.
8. After you have completed this form, be sure to review your designations periodically to determine that they meet your wishes for future payments.
9. Altered forms cannot be accepted. Should you make an error when completing this form, either complete a new form or initial the information that has been changed.
10. A copy of this form will be returned to you for your records after it has been received by the General Employees' Retirement Fund office. If you do not receive a copy within 90 days, you may reach the General Employees' Retirement Fund office during business hours, Monday thru Friday, 8:00 AM- 5:00 PM, at (813) 274-7850.
11. Please refer to the City of Tampa Retirement Plan, Section 12. Death Benefits.