

*City of Lauderhill Firefighters' Retirement System*

126 Cheffey Road, Palatka, FL 32177

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**BENEFICIARY DESIGNATION CERTIFICATE**

I hereby make the following Beneficiary designation for any survivor benefits due under the above Retirement System in the event of my death:

<u>Name of Beneficiary</u>	<u>Relationship</u>	<u>DOB</u>
Principal		
Contingent		
Contingent		
Contingent		

If any designated beneficiary shall predecease me, the rights and interests of such beneficiary shall thereupon automatically terminate. If at my death, there be no designated principal or contingent beneficiary as to my benefit, if any, then such benefit shall be payable as specified under the System.

I reserve the right to change the designated beneficiaries at any time upon filing a new written request with the Board of Trustees (sent to Plan Administrator) and which request, when received by the Board of Trustees, shall revoke any prior selection or designation of beneficiaries. The consent of a beneficiary shall not be required to effectuate any change.

Signature of Member: \_\_\_\_\_

Printed Name of Member: \_\_\_\_\_

Effective date by Member: \_\_\_\_\_

Received by Plan Administrator: \_\_\_\_\_

Date received by Admin: \_\_\_\_\_