CITY OF LEESBURG MUNICIPAL FIREFIGHTERS' RETIREMENT PLAN

Beneficiary Designation Form

EMPLOYEE DATA

Member Name: _____ **Date of Hire :** _____/_____/_____

Marital Status: _____ **SS#***: _____- _____- _____ **Date of Birth:** _____/_____/_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone : (_____)_____ **Personal E-mail Address:**_____

I understand that in the event of my death before I have attained ten years of credited service, the accumulated contributions to my credit at the time of my death will be paid to my primary beneficiary. If the primary beneficiary predeceases me, accumulated contributions will be paid to my contingent beneficiary(ies) and if none are named or survive me, then to my estate.

PRIMARY BENEFICIARY

I _____ designate the following person as my *primary*
(Member Please Print Name)
beneficiary entitled to receive any benefits due in the event of my death:

Beneficiary Name: _____

Relationship: _____

SS#: _____- _____- _____ **Date of Birth:** _____/_____/_____(submit proof)

Address: _____ **City**: _____ **State**: ____

0Zip: _____

Phone : (_____)_____ **Cellular:** (_____)_____

E-mail Address:_____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)

beneficiary entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____

Relationship: _____

SS#: _____- _____- _____ **Date of Birth:** _____/_____/_____
(Submit Proof)

Address: _____ **City**: _____ **State**: ____ **Zip**: _____

Phone : (_____)_____

E-mail Address:_____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)

beneficiary entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____

Relationship: _____

SS#: _____- _____- _____ **Date of Birth:** _____/_____/_____ *(submit proof)*

Address: _____ **City**: _____ **State**: ____

Zip: _____**Cellular:** (_____)_____

E-mail Address:_____

I understand that certain changes in family status such as marriage may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732.703, divorce or annulment may void the election of a former spouse as a designated beneficiary. In the event of divorce or annulment, it may be necessary to submit a revised Benefit Designation Form to ensure that assets are distributed in accordance with my wishes.

_____ _____

Member Signature **Date**

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by means of:
[ ] physical presence or [ ] online notarization

this _____/_____/_____ by _____, who is personally known to me
(date) (name of person acknowledging)

or who has produced _____as identification and who did (did not) take an oath.
(Type of Identification Produced)

_____
(Signature of Notary Public)

Return To: City of Leesburg Municipal Firemen's Retirement Plan
33937 Tarawood Drive
Leesburg, Florida 34788

*SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT
Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

Office use only

Updated/Entered By: _____ *Date:* _____