

CITY OF FORT LAUDERDALE

POLICE AND FIRE RETIREMENT SYSTEM

Retiree Change of Standard Benefit Beneficiary Form

Member Name: _____ Phone: _____

Home Address: _____

Department: Police _____ Fire _____ Last 4 of Social: _____

I elect a beneficiary change to the **Standard Retirement** option as indicated below and desire benefits paid in accordance with the provisions of the Standard Benefit. If you elected the **Joint and Survivor** option at retirement and you want to change your beneficiary you must contact the pension office, 954-828-5595, for the appropriate forms for an actuarial recalculation of your benefit.

STANDARD BENEFIT:

Normal Retirement Benefits: 100% for your spouse for one year, 60% until death (or remarriage - for those who elected the standard benefit option after 2001) & 20% for each child under age 18 with a maximum benefit of 100%.

Spouse: _____ Sex: _____ DOB _____
Children: _____ Sex: _____ DOB _____
Children: _____ Sex: _____ DOB _____
Children: _____ Sex: _____ DOB _____

If this benefit change is a result marriage please also include a copy of your Marriage Certificate for your file.

Witness Signature Date

Member Signature Date

Witness Printed Name

Member Print Name

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