

CITY OF FORT LAUDERDALE

POLICE AND FIRE RETIREMENT SYSTEM

Pre-Retirement Beneficiary Designation Service-Incurred Death Benefit

The Pension Ordinance requires that your spouse and any unmarried children under 18, if applicable, shall be the principal beneficiaries for on-the-job death benefits. Step-children are not eligible for benefits as a principal beneficiary. Your spouse will receive 50% of your earnings at the date of your death. An additional 10% will be paid for each eligible child to a maximum benefit of 80%

Employee Name _____ [] Police [] Fire
(please print)

Employee I.D. # _____

PRINCIPAL BENEFICIARY (IES):

Name _____ Relationship _____ DOB _____

Address _____

Name _____ Relationship _____ DOB _____

Address _____

Name _____ Relationship _____ DOB _____

Address _____

Name _____ Relationship _____ DOB _____

Address _____

CONTINGENT BENEFICIARY (IES):

Contingent beneficiaries will receive benefits only if the principal beneficiaries are deceased. The contingent beneficiary will receive 50% of your earnings at the date of death payable for 96 months.

Please list your beneficiaries sequentially, in the order you would like benefits to be paid, with the appropriate percentages. If indicating percentages please confirm percentages total 100%. For example, you could list two parents as #1 with 50% each, or a sibling as #1 at 100% followed by a niece/nephew as #2 at 100%.

____ # Name _____ DOB _____

____ % Address _____

____ # Name _____ DOB _____

____ % Address _____

If there are no principal or contingent beneficiaries, benefits will be paid in a lump sum to your estate.

Member Signature

Date

Witness Signature

Date

This election supersedes and nullifies any prior election or elections made by plan member.

CITY OF FORT LAUDERDALE

POLICE AND FIRE RETIREMENT SYSTEM

Pre-Retirement Beneficiary Designation Non-Service Incurred Death Benefit

You may designate whomever you wish to be your beneficiary for off-the-job death benefits. Your named beneficiary will receive a monthly payment equal to 50% of your earnings at the date of death. The payments will be made for 96 months.

Employee Name _____ [] Police [] Fire
(please print)

Employee ID # _____

BENEFICIARY (IES):

Please list your beneficiaries sequentially, and number in the order you would like benefits to be paid, with the appropriate percentages. If indicating percentages please confirm percentages total 100%. For example, you could list a spouse as #1 and 100% followed by two children #2 with 50% each; or a sibling #2 at 75% and a niece/nephew #2 at 25%

____ # Name _____ DOB _____

____ % Address _____

____ # Name _____ DOB _____

____ % Address _____

____ # Name _____ DOB _____

____ % Address _____

____ # Name _____ DOB _____

____ % Address _____

____ # Name _____ DOB _____

____ % Address _____

If no beneficiaries remain, benefits will be paid to your estate.

Member Signature

Date

Witness Signature

Date

This election supersedes and nullifies any prior election or elections made by plan member.