

CITY OF FORT LAUDERDALE

POLICE AND FIRE RETIREMENT SYSTEM

DESIGNATION OF BENEFICIARY DROP PLAN

I, _____, last four digits of SS# _____, do hereby
(Please Print)

designate the beneficiaries listed below to whom I request The Board of Trustees of the City of Fort Lauderdale Police & Fire Retirement System to pay in the event of my death, the total amount of accumulated contributions and earnings to my credit for the DROP Plan with the City of Fort Lauderdale Police & Fire Retirement System.

_____	_____	_____
Name	Birthdate	%
_____	_____	_____
Name	Birthdate	%
_____	_____	_____
Name	Birthdate	%
_____	_____	_____
Name	Birthdate	%
_____	_____	_____
Name	Birthdate	%

The right to change the beneficiary(ies), hereby designated without their consent, is reserved. Except as noted above, this authorization revokes all prior directions for DROP Notifications.

Member Signature Date

Witness Signature Date

Member Printed Name

Witness Printed Name