

**PALM BAY POLICE & FIREFIGHTERS' PENSION PLAN
BENEFICIARY UPDATE FORM**

Check One:

Complete:

- Fire Department**
 Police Department

_____ **Employee Number**
_____ **Employee Number**

- ❖ I understand I may update my beneficiary listing anytime (IF YOU ARE A CURRENT RETIREE, PLEASE CONTACT THE PENSION OFFICE FOR BENEFICIARY CHANGES). I may contact the Palm Bay Police & Firefighters' Pension Office at (321) 724-8877, FAX: (321) 724-8838 to obtain a Beneficiary Form or download it from the pension website at www.pbpfpf.org.
- ❖ I also understand if I change my beneficiary listing with the City of Palm Bay, it does not change my beneficiary listing with the Palm Bay Police & Firefighters' Pension Plan. To change my beneficiary listing with the Pension Fund I must complete and return a Pension Fund Beneficiary Form to the Pension Office for acceptance and recording by the Pension Board at their regular meeting.
- ❖ I understand I have been given an opportunity to revise my existing beneficiary form on file with the Palm Bay Police & Firefighters' Pension Plan and select the following:
- [] I **DO WISH TO CHANGE** my beneficiary listing at this time.
(Complete the Beneficiary Form on Back)
- [] I **DO NOT WISH TO CHANGE** my beneficiary listing at this time.
- [] I **DO NOT WISH TO CHANGE** my beneficiary listing at this time; I **DO WISH TO ADD AN ADDENDUM BY UPDATING THE ADDRESS LISTED ON MY EXISTING BENEFICIARY FORM FOR EITHER MYSELF, MY PRINCIPAL OR MY CONTINGENT BENEFICIARY.** ***(Complete a Change of Address Form)***

Employee Signature

Employee Name (Print)

Witness

Date