



APPLICATION & BENEFICIARY FORM

MEMBERSHIP APPLICATION BENEFICIARY FORM POLICE OFFICER FIREFIGHTER

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.

- ❖ I acknowledge employment with the City of Palm Bay mandates membership into the City's retirement system and hereby accept the terms and conditions of the retirement system (Code of Ordinances, Title 5: Legislative, Chapter 55; Summary Plan Description).
- ❖ I acknowledge there will be a deduction from my biweekly pay upon date-of-hire with the City. Deductions are made as a percent of compensation, as defined by law. All monies so deducted from my earnings shall be deposited in the Fund of the Retirement System to be held for and in my behalf in accordance with the Code of Ordinances. Deductions are subject to change due to contract negotiations.
- ❖ I make the following beneficiary designation for any benefits due under the above Retirement System in the event of my death:

PRIMARY:

Beneficiary Name _____ DOB _____ SSN _____

Street Address _____

E-Mail Address: _____ Home Phone _____ Cell Phone _____

Relationship _____ Is this beneficiary Married Single Divorced or Widowed? (Select One)

Male: _____ Female: _____ Is this beneficiary a Full-time Student? Yes No

A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida State Statutes 732.703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.

CONTINGENT:

Beneficiary Name _____ DOB _____ SSN _____

Street Address _____

E-Mail Address: _____ Home Phone _____ Cell Phone _____

Relationship _____ Is this beneficiary Married Single Divorced or Widowed? (Select One)

Male: _____ Female: _____ Is this beneficiary a Full-time Student? Yes No

By my signature below, I acknowledge that under Florida law a change in my marital status (marriage, divorce, annulment) may affect the Plan's ability to pay benefits to the above designated beneficiary and that it is my responsibility to notify the pension office of any changes to my designated beneficiary. I understand that if an updated form is not on file at the time of my death specifically designating my "former spouse" as my beneficiary, then my former spouse may be treated by the Plan as automatically predeceasing me and he or she will not receive a benefit from the Plan.



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The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (if applicable). I also acknowledge that it is my responsibility to notify the Board of Trustees of the Palm Bay Police and Firefighters' Retirement System (or their designee) should any change in beneficiary be necessitated in the future, or if there is (are) any other changes that may affect the accuracy of this form.

If any designated beneficiary shall predecease me, the rights and interest of such beneficiary shall automatically terminate. If at my death, there is no designated beneficiary as to my benefit, if any, then such benefit shall cease or as provided in my Benefit Election Notice, selected at retirement be payable to my estate. Payment in that manner shall completely discharge the liability with respect to the benefit so paid. I reserve the right to change the designated beneficiary at any time. Upon receipt of a newly completed written request by the Board of Trustees, any prior selection of designation of beneficiary shall be revoked.

Member's Signature

Member's Name (Please Print)

Street Address, City, State & Zip

E-Mail Address: _____ Home Phone _____ Cell Phone _____

Date of Birth Male: _____ Female: _____

Social Security Number

Employee Number

Date of Hire

Today's Date

Accepted this _____ day of _____, _____ by the Palm Bay Police & Firefighters' Pension Plan, Board of Trustees, as recorded in the minutes of _____ by Chairperson _____.

OFFICE USE ONLY

Updated/Entered By: _____

Date: _____