



POLICE OFFICERS' PRE-RETIREMENT BENEFIT SELECTION FORM

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.

Member's Name: _____ Social Security No: _____

Department: _____ Employee No: _____

You are a vested member of the above Pension Plan and are eligible to select a pre-retirement benefit for your beneficiary in the event of your death prior to retirement. The amount of the monthly benefit will depend on the optional form of annuity which you choose and which the Board acknowledges, as well as any benefits or penalties as mandated legally in effect as of the date of your death.

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.

Please initial any one optional annuity form listed below which you elect:

- _____ 1. **TEN YEAR CERTAIN AND LIFE THEREAFTER ANNUITY:** This option provides monthly payments to you as long as you live. If you should die before 120 monthly payments have been made, the same amount will continue to be paid to your designated beneficiary (as listed in your most recent Beneficiary Form on File with the Pension Board), if living at the time of your death, until a total of 120 monthly payments have been made in all.
- _____ 2. **100% JOINT AND LAST SURVIVOR ANNUITY:** This option provides monthly payments to you as long as you live. Your designated beneficiary (as listed in your most recent Beneficiary Form on File with the Pension Board), if living at the time of your death, will then receive monthly payments of the same amount as long as he/she lives.

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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I accept the terms above on behalf of my beneficiary and myself.

Member's Signature

Member's Name (Please Print)

Street Address, City, State & Zip

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

Date of Birth

Social Security Number

Employee Number

Date of Hire

Today's Date

WITNESS'S SIGNATURE: _____ 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: _____