

FIREFIGHTERS' 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.

Social Security No:

Member's Na	ame:	Social Security No:
Department:		Employee No:
retirement of the mon the Board	benefit for your beneficiary in the event onthly benefit will depend on the optional	ension Plan and are eligible to select a pre- of your death prior to retirement. The amount form of annuity which you choose and which r penalties as mandated legally in effect as of
beneficiary.		not effectively change a designation of es 732.703, divorce or annulment may void the y. To ensure that your assets are paid as you
Please init	tial any <u>one</u> optional annuity form listed b	elow which you elect:
1.	monthly payments to you as long as you payments have been made, the sam designated beneficiary (as listed in you	EREAFTER ANNUITY: This option provides ou live. If you should die before 120 monthly are amount will continue to be paid to your ur most recent Beneficiary Form on File with see of your death, until a total of 120 monthly
2.	payments to you as long as you live. Your most recent Beneficiary Form on File was	R ANNUITY: This option provides monthly four designated beneficiary (as listed in your with the Pension Board), if living at the time of payments of the same amount as long as

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 Name (Please Print) Member's Signature Street Address, City, State & Zip E-Mail Address: Home Phone _____ Cell Phone _____ _____ Male: _____ Female: _____ Date of Birth Social Security Number Date of Hire Today's Date Employee Number 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:____

FRMFIREPRERETIRESELECT: 01/17/2014