



**NORTH MIAMI RETIREMENT SYSTEM FOR GENERAL EMPLOYEES
 DESIGNATION OF BENEFICIARY**

 (Participant Name)

 (Social Security Number)

 (Date Of Birth)

 (Employee Number)

(Please Print Or Type)

Primary Beneficiary

I hereby designate the following person(s) as my principal beneficiary(ies) entitled to receive any lump sum benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s). If percentages shown below for surviving beneficiaries do not total 100%, I direct the Pension Plan to pro-rate the benefits in proportion to the percentages shown. Note that certain benefits are only payable to a single survivor (“annuitant”), in which case the beneficiary with the largest designated percentage shall be treated as the sole annuitant.

 (Name) (Percentage)

 (Name) (Percentage)

 (Social Security Number) (Relationship)

 (Social Security Number) (Relationship)

 (Address)

 (Address)

 (City) (State) (Zip Code)

 (City) (State) (Zip Code)

 (Date Of Birth) (Phone Number)

 (Date Of Birth) (Phone Number)

 (Name) (Percentage)

 (Name) (Percentage)

 (Social Security Number) (Relationship)

 (Social Security Number) (Relationship)

 (Address)

 (Address)

 (City) (State) (Zip Code)

 (City) (State) (Zip Code)

 (Date Of Birth) (Phone Number)

 (Date Of Birth) (Phone Number)

Contingent Beneficiary

If none of the above-named beneficiary(ies) survive me, I designate the following person(s) as my contingent beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my share of the Fund in equal shares (or percentages indicated below) to the following designated person(s):

 (Name) (Percentage)

 (Name) (Percentage)

 (Social Security Number) (Relationship)

 (Social Security Number) (Relationship)

 (Address)

 (Address)

 (City) (State) (Zip Code)

 (City) (State) (Zip Code)

 (Date Of Birth) (Phone Number)

 (Date Of Birth) (Phone Number)



NORTH MIAMI
RETIREMENT SYSTEMS
 YOUR FUTURE... SECURED

Contingent Beneficiary Continued

 (Name) (Percentage)

 (Social Security Number) (Relationship)

 (Address)

 (City) (State) (Zip Code)

 (Date Of Birth) (Phone Number)

 (Name) (Percentage)

 (Social Security Number) (Relationship)

 (Address)

 (City) (State) (Zip Code)

 (Date Of Birth) (Phone Number)

ELECTION

I request that the option checked below be paid to the individual(s) designated above.

SERVICE CONNECTED DEATH

____ Monthly Payment ____ Lump Sum ____ Other (See page 4 for explanation)

NON-SERVICE CONNECTED DEATH

____ 10 Year Certain ____ 100% Joint ____ Lump Sum ____ Other (See page 4 for explanation)

Synopsis of Death Benefit Provisions provided on page 4

Attachment: Summary Plan Description for Ordinance 691 (New employees only, unless requested)

NOTE: The information on this sheet supersedes any information provided on prior pension forms.

The above designation of beneficiaries revokes any and all prior designation of beneficiaries for the accounts indicated. I understand that the beneficiary I select may affect the amount of benefits to be paid to me. I also acknowledge receipt of the attached Rules Applicable to Change of Beneficiary

 Employee's Signature

 Date

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20____.

 Notary Public, State of Florida
 At Large

My Commission Expires:

My Commission Number Is:



NOTARY MAY NOT BE A RELATIVE

PLEASE RETURN TO:

NORTH MIAMI RETIREMENT SYSTEM FOR GENERAL EMPLOYEES
12000 Biscayne Boulevard
Suite 508
North Miami, FL 33181



NORTH MIAMI RETIREMENT SYSTEM FOR GENERAL EMPLOYEES

Attachment To *Designation Of Beneficiary* Rules Applicable To Change A Beneficiary

1. *You can change your beneficiary at any time before you retire. In order to change or revoke any designation of beneficiary, the change or revocation must be in writing, signed by you before a notary public, and filed with the Board of Trustees.
2. **If your designated beneficiary dies before you, or if you fail to name a designated beneficiary, death benefits may be paid either to your spouse, descendants, parents, heirs, or to your estate.

SYNOPSIS OF PENSION BENEFIT PLAN ORDINANCE 691

The following is a brief summary of the death benefit provisions of the pension system. For the actual pension system benefit provisions, please refer to the pension ordinance which has been provided to you.

Standard Service Connected Death Benefit

Generally, the pension system provides that in the event you should suffer a Service Connected death, your surviving spouse is entitled to receive 50% of your monthly compensation at the time of death, plus 10% of such monthly compensation for each child under age 19. The total maximum benefit payable to your surviving spouse and children under age 19 is 75% of compensation if you are a police bargaining member, otherwise, the maximum benefit payable is 100% of compensation. If you do not have a surviving spouse, the maximum benefit payable would be 50% of your compensation. These benefits, however, may be reduced by certain types of supplementary income.

Standard Non-Service Connected Death Benefit

The pension system also provides that if you are eligible for either an Early or Normal retirement and suffer a Non-Service Connected death, this event would be treated as if you had retired on the date of your death. Further, unless you elect an optional form of benefit as explained below, it will be assumed that you had selected the Ten Year Certain form of benefit. This standard benefit provides monthly payments for up to 120 months following your death.

Optional Service/Non-Service Connected Death Benefits

In lieu of the standard form of Service Connected benefits provided by the pension system described above, you may select an alternate form of benefit payment method for your survivor(s). For instance, you may elect to have your survivor(s) receive a one lump-sum payment rather than monthly payments, but it will be necessary for you to communicate this in writing to the pension administrator. A complete list of alternate payment options appears in the pension ordinance which has been provided to you.