



**NORTH MIAMI POLICE PENSION PLAN – 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)  
 \_\_\_\_\_  
 (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)

\_\_\_\_\_  
 (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)

***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)  
 \_\_\_\_\_  
 (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)



**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)

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 POLICE PENSION PLAN  
12000 Biscayne Boulevard, Suite 508  
North Miami, FL 33181



# **NORTH MIAMI POLICE PENSION PLAN**

## **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.
3. \*\*\*After you retire, a change in beneficiary for an optional joint or survivor benefit may only be made twice.