ZNRIS ELA	e Police Officers' Retirement Syste eneficiary Designation Form	m
New Member	nent 🔲 DROP Retirement 🛛 Normal/Earl	y Retirement
	EMPLOYEE DATA	(Disability)
Member Name	Pension Entry Date :/	1
	S#: Date of Birth:/_ City: State: Zip: _	
	Only 21p Pager: ()	
	Cellular: ()	
E-mail Address:		
	PRIMARY BENEFICIARY	
(Employee Please Print Name) entitled to receive any benefits du	designate the following person as my <i>primar</i>	y beneficiary
Beneficiary Name:	Relationship:	
Male: Female: SS#:	Date of Birth:/	/
Address:	City: State: Zip:	
Address: Phone: ()	City: State: Zip: Pager: ()	
Address: Phone: ()	City: State: Zip: Pager: () Cellular: ()	
Address: Phone: () Fax: () E-mail Address: A change in family status (marriage) However, pursuant to Florida Statutes designated beneficiary. To ensure that (Employee Please Print Name)	City:State:Zip: Pager: () Cellular: () , divorce, etc.) may not effectively change a designation \$732,703, divorce or annulment may void the election of a for your assets are paid as you want them to be, keep your benefit CONTINGENT BENEFICIARY designate the following person as my contingent	of beneficiary. rmer spouse as a iciary updated. nt beneficiary
Address: Phone: () Fax: () E-mail Address: A change in family status (marriage) However, pursuant to Florida Statutes designated beneficiary. To ensure that (Employee Please Print Name)	City:State:Zip: Pager: () Cellular: () , divorce, etc.) may not effectively change a designation \$732,703, divorce or annulment may void the election of a for your assets are paid as you want them to be, keep your benefit CONTINGENT BENEFICIARY	of beneficiary. rmer spouse as a iciary updated. nt beneficiary
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Address:	City:State:Zip: Pager: () Cellular: () , divorce, etc.) may not effectively change a designation \$732,703, divorce or annulment may void the election of a for your assets are paid as you want them to be, keep your benefit CONTINGENT BENEFICIARY designate the following person as my contingent efits due in the event of my death and that of the print Relationship:	of beneficiary. rmer spouse as a iciary updated. Int beneficiary mary
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Address:	City: State: Zip: Pager: () Cellular: () Cellular: () May not effectively change a designation \$\$732,703, divorce or annulment may void the election of a for your assets are paid as you want them to be, keep your benefit CONTINGENT BENEFICIARY	of beneficiary. rmer spouse as a iciary updated. Int beneficiary mary

Page Two City of Sunrise Police Officers' Retirement System Beneficiary Designation Form

CONTINGENT BENEFICIARY

Employee Please Print Name)	designate the fo	llowing person as my	contingent beneficiary
(Employee Please Print Name) entitled to receive% benefits			
beneficiary:		of my death and that	
		. I (1 I. 1	
Beneficiary Name:	R	elationship:	
Male: Female: SS#:		_ Date of Birth:	//
Address:	_ City:	State:	Zip:
Phone: ()	Pager: ())	
Fax: ()	Cellular: ()	
E-mail Address:			
<u>co</u>	NTINGENT BEN	NEFICIARY	
1	designate the fo	llowing person as my	contingent beneficiary
(Employee Please Print Name)	-		
entitled to receive% benefits beneficiary:	due in the event	of my death and that	of the primary
Beneficiary Name:	Re	elationship:	
•			
Male: Female: SS#:		_ Date of Birth:	//
		_ Date of Birth:	//
Male: Female: SS#:	 _ City:	_ Date of Birth: State:	// Zip:
Male: Female: SS#: Address:	 _ City: Pager: (_ Date of Birth: State:)	// Zip :
Male: Female: SS#: Address: Phone: ()	City: _ City: Pager: (Cellular: (_ Date of Birth: State:)	// Zip :
Male: Female: SS#: Address: Phone: () Fax: ()	City: Pager: (Cellular: (aries revokes <u>any</u> ti ti is <u>my respons</u> ystem (<i>or their d</i> e	_ Date of Birth: State:)) <u>and all</u> prior designati <u>ibility</u> to notify the Boa signee) should any cha	// Zip: ons of beneficiaries rd of Trustees of the inge in beneficiary be
Male: Female: SS#: Address:	City: Pager: (Cellular: (Cellular: (aries revokes <u>any</u> ti ti is <u>my respons</u> ystem (or their de s (are) any other o	_ Date of Birth: State:)) <u>and all</u> prior designati <u>ibility</u> to notify the Boa signee) should any cha	// Zip: ons of beneficiaries rd of Trustees of the inge in beneficiary be ct the accuracy of this //
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Male: Female: SS#: Address:	City: Pager: (Cellular: (Cellular: (aries revokes <u>any</u> it it is <u>my respons</u> ystem (<i>or their de</i> s (are) any other of s (are) any other of ment System, 13790	_ Date of Birth: State:)) <u>and all</u> prior designati <u>ibility</u> to notify the Boa signee) should any cha signee) should any cha change(s) that may affe NW 4 Street, Suite 105, Su	// Zip: ons of beneficiaries rd of Trustees of the inge in beneficiary be ct the accuracy of this // Date

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 119.07(5)(a)(2)(a)(II), Florida Statutes.