

PALM BAY POLICE & FIREFIGHTERS' PENSION PLAN

APPLICATION & BENEFICIARY FORM

MEMBERSHIP APPLICATION BENEFICIARY FORM POLICE OFFICER FIREFIGHTER

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.

- ❖ I acknowledge employment with the City of Palm Bay mandates membership into the City's retirement system and hereby accept the terms and conditions of the retirement system (Code of Ordinances, Title 5: Legislative, Chapter 55; Summary Plan Description).
- ❖ I acknowledge there will be a deduction from my biweekly pay upon date-of-hire with the City. Deductions are made as a percent of regular compensation, plus certain additional pay items. All monies so deducted from my earnings shall be deposited in the Fund of the Retirement System to be held for and in my behalf in accordance with the Code of Ordinances. Deductions are subject to change due to contract negotiations.
- ❖ I make the following beneficiary designation for any benefits due under the above Retirement System in the event of my death:

Principal:

Name of Beneficiary _____ DOB _____ SSN _____

Street Address _____

Relationship _____ Home Phone _____ Is this beneficiary a Full-time Student? Yes No

Is this beneficiary Married/Single/Divorced or Widowed? (Select One) _____

Contingent:

Name of Beneficiary _____ DOB _____ SSN _____

Street Address _____

Relationship _____ Home Phone _____ Is this beneficiary a Full-time Student? Yes No

Is this beneficiary Married/Single/Divorced or Widowed? (Select One) _____

If any designated beneficiary shall predecease me, the rights and interest of such beneficiary shall automatically terminate. If at my death, there is no designated principal or contingent beneficiary as to my benefit, if any, then such benefit shall be payable to my estate. Payment in that manner shall completely discharge the liability with respect to the benefit so paid. I reserve the right to change the designated beneficiary at any time. Upon receipt of a newly completed written request by the Board of Trustees, any prior selection of designation of beneficiary shall be revoked.

Employee's Signature _____
Employee Number _____
Date of Birth _____
Date of Hire

Employee's Name (Please Print) _____
Social Security Number _____
Home Phone

Street Address, City, State & Zip _____
Today's Date



Accepted this ____ day of _____, _____ by the Palm Bay Police & Firefighters' Pension Plan, Board of Trustees, as recorded in the minutes of _____ by Chairperson _____.

**PALM BAY POLICE & FIREFIGHTERS' PENSION PLAN
BENEFICIARY UPDATE FORM**

Check One:

Complete:

- Fire Department
 Police Department

_____ Employee Number
_____ Employee Number

- ❖ I understand I may update my beneficiary listing anytime prior to retirement.
- ❖ I also understand if I change my beneficiary listing with the City of Palm Bay, it does not change my beneficiary listing with the Palm Bay Police & Firefighters' Pension Plan. To change my beneficiary listing with the Pension Fund I must complete and return a Pension Fund Beneficiary Form to the Pension Office for acceptance and recording by the Pension Board at their regular meeting.
- ❖ I understand I have been given an opportunity to revise my existing beneficiary form on file with the Palm Bay Police & Firefighters' Pension Plan and selected the following:

[] I **DO WISH TO CHANGE** my beneficiary listing at this time.
(Complete the Beneficiary Form on Back)

[] I **DO NOT WISH TO CHANGE** my beneficiary listing at this time.

[] I **DO NOT WISH TO CHANGE** my beneficiary listing at this time; I **DO WISH TO MAKE A CHANGE OF ADDRESS ADDENDUM TO MY EXISTING BENEFICIARY FORM FOR EITHER MYSELF, MY PRINCIPAL OR CONTIGENT BENEFICIARY.**
(Complete a Change of Address Form)

IF YOU ARE A CURRENT RETIREE, PLEASE CONTACT THE PENSION OFFICE FOR BENEFICIARY CHANGES.

Employee Signature

Employee Name (Print)

Witness

Date