

# **BENEFICIARY DESIGNATION**

## **CITY OF NORTH MIAMI BEACH GENERAL EMPLOYEES' RETIREMENT PLAN**

**Please PRINT  
Your Name:**

In accordance with the provisions of the Retirement Plan, I hereby designate the following beneficiary (or beneficiaries) to receive any benefits payable upon my death under the terms of the Plan, and also do hereby revoke all previous designations of beneficiaries (if any) made by me under the Plan. I understand that this designation may be revoked by me at any time by filing a new designation form, delivered to the Retirement Committee.

<b>PRIMARY BENEFICIARY:</b>	<b>First / MI / Last Name</b>	<b>Relationship to You*</b>	<b>Social Security #</b>
<b>Mailing Address</b>	<b>Street / City / State /</b>		<b>Date of Birth</b>
<b>Zip</b>			

<b>CONTINGENT BENEFICIARY:</b>	<b>First / MI / Last Name</b>	<b>Relationship to You*</b>	<b>Social Security #</b>
<b>Mailing Address</b>	<b>Street / City / State /</b>		<b>Date of Birth</b>
<b>Zip</b>			

### **IMPORTANT**

- (1) The Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is desired, please attach a separate sheet of paper and provide all information requested above.
- (2) If all designated beneficiaries pre-decease you, distribution will be made to your spouse, surviving children, next-of-kin or estate (as directed by the Retirement Committee).
- (3) **\*The designation of spouse as a beneficiary will be invalid if marriage is dissolved or annulled after date of designation.**

**Participant's Signature:**

**Date:**

**Signature Witnessed By:**