

In the event all of said primary beneficiary(ies) predecease(s) me, I designate my contingent beneficiary(ies) as follows:

CONTINGENT BENEFICIARY(IES) DESIGNATION

			Share Percent Whole Percentages Only Must Equal 100%
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)		Date of Birth	Sex
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)		Date of Birth	Sex
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)		Date of Birth	Sex
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number	%
Address (Street, City, State, Zip)		Date of Birth	Sex
			Total 100%

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SECTION 2

PAYMENT OF ACCUMULATED CONTRIBUTIONS UPON THE DEATH OF A MEMBER AFTER THREE (3) OR MORE YEARS OF CREDITABLE SERVICE

In the event of my death after three (3) or more years of creditable service in the Miami Beach Employees' Retirement Plan, a monthly pension shall be paid to my surviving spouse or domestic partner, provided that my spouse and I have been married or the domestic partnership has been registered for at least one (1) year immediately prior to the date of my death. If there is no surviving spouse or domestic partner entitled to such pension, the pension shall be paid to my dependent child or children, divided in such manner as the Miami Beach Employees' Retirement Plan Board in its discretion shall determine, to continue until every such child dies or attains twenty-one (21) years of age. However, if at the time of my death, prior to the commencement of my retirement benefits but subsequent to having attained three (3) or more years of creditable service, I have no surviving spouse, domestic partner or dependent children entitled to receive my pension, the amount of my Miami Beach Employees' Retirement Plan accumulated employee contributions at the time of my death shall be payable to my designated beneficiary(ies) if living, otherwise to my estate.

I designate my primary beneficiary(ies) as follows:

PRIMARY BENEFICIARY(IES) DESIGNATION

				Share Percent Whole Percentages Only Must Equal 100%
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Total				100%

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In the event all of said primary beneficiary(ies) predecease(s) me, I designate my contingent beneficiary(ies) as follows:

CONTINGENT BENEFICIARY(IES) DESIGNATION

			Share Percent Whole Percentages Only Must Equal 100%	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
Name (Last, First, Middle Initial)	Relationship to Employee	Social Security/Tax ID Number		%
Address (Street, City, State, Zip)		Date of Birth	Sex	
				Total 100%

If necessary, use extra sheets to list additional beneficiaries.

Unless you designate a percentage, proceeds are paid to beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before you will be divided proportionally among the surviving beneficiaries in the respective category (primary and contingent).

If you have any questions regarding this Form, please call the Human Resources Department at 305.673.7524 or the Miami Beach Employees' Retirement Plan at 305.673.7437.

Employee Signature _____ Date _____

H.R. Receipt/Acknowledgement _____ Date _____

Notification of Social Security Number Collection and Usage

Social Security numbers are required for the purpose 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; for notice or disclosure related to retirement benefits; for any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law; and/or any other reason specifically authorized by law to do so. The collection of Social Security numbers is authorized by § 119.071(5)(a)2(II), Florida Statutes and will be kept confidential and exempt from disclosure as provided by law.