City Pension Fund for Firefighters and Police Officers
in the City of Miami Beach

TO: Active Members
Fire and Police Pension System

FROM: Celia B. Locke, CEBS
Executive Director

SUBJECT: Designation of Beneficiaries

Attached please find the updated Designation of Beneficiaries Form which needs to be completed by each member of the Plan. Please read the entire Designation of Beneficiaries Form prior to selecting one of the two following beneficiary options.

If you wish to select "Standard Benefits":

- Please put a check mark in the box beside Standard Benefits on page 1.
- Initial at the bottom of pages 1 through 3 where indicated.
- With regard to page 4, do not complete the top section, complete only the bottom section, and initial at the bottom of the page.
- Sign and print your name on page 5, and have it witnessed. Also include the date.

By completing the above, you have selected the Standard Benefit.

If you wish to select the "10 Year Certain" Benefit:

- Initial at the bottom of pages 1 through 3 where indicated.
- Please put a check mark in the box beside "10 Year Certain" at the top of page 4, and list the beneficiary just under that, in the middle of the page. In addition, also complete the bottom section of page 4, and initial at the bottom of the page.
- Sign and print your name on page 5, and have it witnessed. Also include the date.

By completing the above, you have selected the 10 Year Certain benefit.

If you have any questions relating to the Designation of Beneficiaries Form, please call the Fire and Police Pension Office prior to completing the form

The Designation of Beneficiaries Form may be changed at any time, and it is important that it be kept current.

Enclosures

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ACTIVE MEMBERS BENEFICIARY BENEFITS OPTIONS

A member must complete a Designation of Beneficiaries form and select one (1) of the two (2) following beneficiary options:

Option 1: STANDARD BENEFIT

This option provides benefits to the specified beneficiaries defined under the plan document. The following are the specified beneficiaries under the plan document:

Surviving Spouse shall mean the lawfully wedded spouse of a member living with the member at the time of the member's death.

Domestic Partner shall mean a person with whom a member has entered into a domestic partnership as defined in the Miami Beach City Code and registered and documented according to the requirements of the Miami Beach City Code.

Children in equal portions to each child of the deceased member and shall cease when:

(1) The child attains the age of 18, or
(2) The child attains the age of 22, provided the child is a full-time student in high school or college, or
(3) The child marries or dies

A legally adopted child shall have the same rights as a natural born child but no pension shall be allowed to any stepchild of a deceased member.

Handicapped Child shall mean a child of a member who has reached the age of 18 and who is primarily dependent upon the member for the child's livelihood or support due to a mental or physical condition or handicap of the child which requires, or otherwise would have required, the member to provide primary support for the child.

Dependent Parent shall mean a parent of a member for whom a member is entitled, or would have been entitled, to claim a dependency exemption for federal income tax reporting purposes.

Option 2: 10 YEAR CERTAIN BENEFIT

The member designates a beneficiary of his/her choice under this option.

This option provides no benefit to spouse, domestic partner, dependent child or dependent parents unless chosen specifically as the beneficiary.

IT IS IMPORTANT TO KEEP THE DESIGNATION OF BENEFICIARIES FORM UP TO DATE

City Pension Fund for Firefighters and Police Officers in the City of Miami Beach

ACTIVE MEMBERS - EMPLOYEES
Amended as of November 4, 2003

DESIGNATION OF BENEFICIARIES

I select the option as indicated below:

☐ **STANDARD BENEFITS**

BENEFIT FOR NON-SERVICE CONNECTED DEATH

Eligibility is after 5 years of creditable service.

Upon the death of the member, the surviving spouse or domestic partner will receive 100% of the benefit that is calculated under the provisions of the plan for one year, and thereafter the greater of 75% of the total benefit or 25% of the average monthly salary for the two highest paid years. All benefits cease upon the surviving spouse's remarriage or death, or the domestic partner's marriage or entry into another domestic partnership or death.

If there is no surviving spouse or domestic partner, or upon the surviving spouse's remarriage or death, or upon the domestic partner's marriage or entry into another domestic partnership or death, the benefit set forth shall be paid to the member's children in equal portions to each child of the deceased member and shall cease when:

(1) The child attains the age of 18, or
(2) The child attains the age of 22, provided the child is a full-time student in high school or college, or
(3) The child marries or dies

A legally adopted child shall have the same rights as a natural born child but no pension shall be allowed to any stepchild of a deceased member.

If there are no benefits payable to a child or children, then the benefits set forth shall be paid to the dependent parent of the deceased member.

Exceptions

If the surviving spouse was married to the deceased member for less than 10 years, or the domestic partnership was registered for less than 10 years, then the benefits are payable for a period no longer than the normal life expectancy of the deceased member at the time of death.

If the child attains the age of 18 and is handicapped, the benefits will continue to the handicapped child until the handicapped child ceases to be handicapped.

Initial_____

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ACTIVE MEMBERS - EMPLOYEES
Amended as of November 4, 2003

DESIGNATION OF BENEFICIARIES

BENEFIT FOR SERVICE CONNECTED DEATH

Eligibility is immediate upon becoming a member.

Upon the death of a member resulting from injury suffered in the line of duty, the benefit is payable as follows:

Upon the death of the member, the surviving spouse or domestic partner will receive the greater of:

(1) The pension which the deceased member would have been entitled under the provisions of the plan
(2) Eighty-five percent of the member's salary at the date of his death

If there is no surviving spouse or domestic partner, or upon the surviving spouse's remarriage or death, or upon the domestic partner's marriage or entry into another domestic partnership or death, the benefit set forth shall be paid to the member's children in equal portions to each child of the deceased member and shall cease when:

(1) The child attains the age of 18, or
(2) The child attains the age of 22, provided the child is a full-time student in high school or college, or
(3) The child marries or dies

A legally adopted child shall have the same rights as a natural born child but no pension shall be allowed to any stepchild of a deceased member.

If there are no benefits payable to a child or children, then the benefits set forth shall be paid to the dependent parent of the deceased member.

Exceptions

Benefits shall continue to be paid to the member's surviving spouse on the surviving spouse's remarriage, instead of to the member's children, if the member is **killed** in the line of duty.

If the child attains the age of 18 and is handicapped, the benefits will continue to the handicapped child until the handicapped child ceases to be handicapped.

Initial_____

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ACTIVE MEMBERS - EMPLOYEES
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DESIGNATION OF BENEFICIARIES

STANDARD BENEFITS

SPECIFIED BENEFICIARIES AS DEFINED UNDER THE PLAN DOCUMENT:

Surviving Spouse shall mean the lawfully wedded spouse of a member living with the member at the time of the member's death.

Domestic Partner shall mean a person with whom a member has entered into a domestic partnership as defined in the Miami Beach City Code and registered and documented according to the requirements of the Miami Beach City Code.

Children in equal portions to each child of the deceased member and shall cease when:

(1) The child attains the age of 18, or
(2) The child attains the age of 22, provided the child is a full-time student in high school or college, or
(3) The child marries or dies

A legally adopted child shall have the same rights as a natural born child but no pension shall be allowed to any stepchild of a deceased member.

Handicapped Child shall mean a child of a member who has reached the age of 18 and who is primarily dependent upon the member for the child's livelihood or support due to a mental or physical condition or handicap of the child which requires, or otherwise would have required, the member to provide primary support for the child.

Dependent Parent shall mean a parent of a member for whom a member is entitled, or would have been entitled, to claim a dependency exemption for federal income tax reporting purposes.

Initial_____

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DESIGNATION OF BENEFICIARIES

IN LIEU OF THE STANDARD BENEFITS, I SELECT TO HAVE MY PENSION PAID AS FOLLOWS:

☐ **10 YEAR CERTAIN**

Upon the death of the member, whether service connected or not, under this option the designated beneficiary will receive the benefit calculated for the member under the provisions of the plan. This benefit will be paid for a total of 120 months. This option provides no benefits to spouse, domestic partner, dependent child or dependent parent unless selected specifically as the beneficiary.

I hereby waive all options other than the one selected above, for which I hereby designate my beneficiary:

Beneficiary _____

Date of Birth _____ Social Security No. _____

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.

If I am not entitled to any benefits under the plan or if the benefits paid do not equal my employee contributions, I hereby select the following beneficiary to receive the balance of my employee contributions. If I have not selected a beneficiary or if the beneficiary selected pre-deceases me, then the balance of my employee contributions will be paid to my estate.

Beneficiary_____

Date of Birth _____ Social Security No._____

Contingent Beneficiary_____

Date of Birth _____ Social Security No._____

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.

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DESIGNATION OF BENEFICIARIES

Initial_____

MEMBER: _____
Signature Date

MEMBER: _____
Print Name

WITNESS: _____
Signature Date

WITNESS: _____
Print Name

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