

CITY OF POMPANO BEACH
General Employees' Retirement System

DESIGNATION OF BENEFICIARY OF DEFERRED RETIREMENT OPTION PLAN

Pursuant to the applicable provisions of the Retirement System, I hereby designate the following person as my principal beneficiary for distribution of my DROP account balance in the event of my death while participating in the DROP.

Principal:	<hr/>	<hr/>
	(Name)	(Percentage)
	<hr/>	
	(Address)	
	<hr/>	
	(City, State Zipcode)	

If the above-named beneficiary pre-deceases me, I hereby designate the following person(s) as my contingent beneficiary(ies) entitled to receive the distribution of my DROP account balance in the percentage(s) indicated in the event of my death while participating in the DROP:

<hr/> Contingent #1 (Name)	<hr/> Contingent #2 (Name)
<hr/> (Percentage)	<hr/> (Percentage)
<hr/> (Address)	<hr/> (Address)
<hr/> (City, State Zipcode)	<hr/> (City, State Zipcode)
<hr/> Contingent #3 (Name)	<hr/> Contingent #4 (Name)
<hr/> (Percentage)	<hr/> (Percentage)
<hr/> (Address)	<hr/> (Address)
<hr/> (City, State Zipcode)	<hr/> (City, State Zipcode)

If additional space is needed to list additional beneficiaries, please check here () and attach an additional DROP beneficiary form, with the proper notation that it is a continuation of this form.

I understand that I may change my designated DROP beneficiary(ies) at any time while participating in the DROP upon filing a new DROP designation of beneficiary form in writing with the Board of Trustees, which when received by the Board, shall revoke any prior selection or designation of DROP Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change. Further, I understand that this shall not affect my beneficiary designated for my retirement benefits.

In the event that I die while participating in the DROP without a valid beneficiary designation on file with the Board of Trustees, or if no designated beneficiary survives me, any balance remaining in my DROP account shall be payable to my estate as provided under Florida law.

<hr/>	<hr/>	<hr/>
(Signature)	(Date)	(Print Name)

DESIGNATION OF BENEFICIARY OF DEFERRED RETIREMENT OPTION PLAN,
CONTINUED:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 20___ by _____, who is personally known to me or who has produced _____ as identification.

[Notary Seal]

Notary Public

Name typed, printed or stamped

My Commission Expires: _____

Original received and effective from this
_____ of _____, 20_____.

BOARD OF PENSION TRUSTEES

BY: _____