

MEMBER'S DESIGNATION OF BENEFICIARY

TO: BOARD OF PENSION TRUSTEES
CITY OF POMPANO BEACH GENERAL EMPLOYEES RETIREMENT SYSTEM

Pursuant to applicable provisions of the Retirement System, I hereby make the following Beneficiary Designation for benefits in the event of my death:

	<u>NAME OF BENEFICIARY</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
Principal:	_____	_____	_____
Address:	_____		
Contingent:	_____	_____	_____
Address:	_____		
	_____	_____	_____
Address:	_____		
	_____	_____	_____
Address:	_____		
	_____	_____	_____
Address:	_____		

If any designated Beneficiary shall predecease me, the rights and interests of such Beneficiary shall thereupon automatically terminate; in such event any interest held by or through me, by reason of my death and participation herein, shall cease and terminate completely.

I reserve the right to change the designated Beneficiaries at any time upon filing a new written request with the Board which request, when received by the Board, shall revoke any prior selection or designation of Beneficiary. The consent of a Beneficiary shall not be required to effectuate any change.

_____	_____		
(SIGNATURE)	(PRINT NAME)		

	(ADDRESS)		
	_____	_____	_____
	(CITY)	(STATE)	(ZIPCODE)

	(DATE)		

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

BOARD OF PENSION TRUSTEES
BY: _____