

**CITY OF BOCA RATON  
POLICE & FIREFIGHTERS' RETIREMENT SYSTEM  
Pre-Retirement Beneficiary Designation Form**

**MEMBER INFORMATION**

\_\_\_\_\_ **Last Name**                      \_\_\_\_\_ **First Name**                      \_\_\_\_\_ **Birthdate**                      \_\_\_\_\_ **Social Security Number**

**PRE-RETIREMENT DEATH BENEFIT DESIGNATION**

Initial	Relationship	First name, Last name	Date of Birth	Social Security Number	Share
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**Lump Sum Payment (initial one and complete)**

In the event of my death while actively employed by the city, I designate the following beneficiary(ies) to receive any death benefit payable:

_____	To my surviving spouse or	_____	_____	_____ - _____	100%
_____	To my designated beneficiary(ies)	_____	_____	_____ - _____	
_____		_____	_____	_____ - _____	
_____		_____	_____	_____ - _____	100%

In the event my spouse or the designated beneficiary(ies) predecease me, I further designate the following contingent beneficiary(ies):

_____	_____	_____	_____	_____ - _____	
_____		_____	_____	_____ - _____	
_____		_____	_____	_____ - _____	100%

**Lifetime Survivor Benefit (initial one)**

_____	To my surviving spouse or	_____	_____	_____ - _____	100%
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If I have 10 or more years of service at time of death, payable when I would have reached normal or early retirement age:

_____	To my designated beneficiary	_____	_____	_____ - _____	
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This designation supersedes and revokes all prior beneficiary designations. If more than one beneficiary is named in any category, the surviving beneficiaries in that category will share equally unless otherwise noted. If any designated beneficiary shall predecease me, the rights and interest of such beneficiary shall thereupon automatically terminate. A former spouse is treated as predeceasing me unless specifically designated as "former spouse" on the beneficiary form.

<b>MEMBER'S SIGNATURE</b>
_____
Date Signed

<b>PENSION OFFICE ACCEPTANCE</b>	Accepted as complete
_____	_____
	Date received & effective

**SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT**

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.

## **Pre-Retirement Beneficiary Designation Form INSTRUCTIONS**

### **Designating a Beneficiary**

1. You may designate any person or legal entity as your beneficiary for the lump sum payment. Other benefits must name a person or trust tied to the life of a person.
2. Beneficiary Information - A designation of beneficiary must be in writing, signed and dated. To be valid, the designation must be received and accepted by the Pension Office. Provide the name, relationship, date of birth and social security number for each beneficiary listed. Relationship types may include spouse, former spouse, sister, brother, mother, father, son, daughter, or friend.
3. Spouse/Former Spouse as Beneficiary - A beneficiary designation providing a death benefit to your spouse is deemed void at the time your marriage is terminated and your former spouse is treated as predeceasing you unless "former spouse" is specifically listed as your relationship on this form. If your marital status changes, it is advisable that you complete and submit an updated beneficiary designation form.
4. Changing your Beneficiary - You may at any time change your designated beneficiary by filing a new form. Upon such change, the rights of all previously designated beneficiaries to receive any benefit under the plan will cease. The consent of a beneficiary shall not be required to effectuate any change.
5. Benefits - Beneficiary benefits will be based on the preretirement death benefit provisions in the Boca Raton, Florida, Code of Ordinances, Article IV, Section 12-151 (4) or Section 12-153 (6). The spouse or designated beneficiary(ies) will receive the benefit payments or a refund of contributions, whichever is greater.
6. Surviving Spouse or Designated Beneficiaries – Will receive the proceeds as long as they are alive and legally capable of receiving the benefit. The percentage assigned to your primary beneficiaries must total 100%.
7. Contingent Beneficiaries – Will receive the proceeds only if all primary beneficiaries are deceased or not eligible due to disqualification by law. The percentage assigned to your contingent beneficiaries must total 100%.