



MAIL TO:
City of Miami FIPO
1895 SW 3 Ave.
Miami, FL 33129
EMAIL TO:
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CITY OF MIAMI FIRE FIGHTERS' & POLICE OFFICERS' RETIREMENT TRUST
DESIGNATION OF BENEFICIARY

Date: _____

I, _____, S/S _____, desire to revoke any previous nomination of beneficiary, which may be inconsistent herewith, and request that the following designations of beneficiary supersede any designation of beneficiary previously filed with the Board of Trustees.

PART A (Accidental Death Benefits)

In the event of my death in the performance of duty, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): _____

Social Security: _____

Birth Date(s): _____

Relationship: _____

Address: _____

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay accidental death benefits as outlined in City of Miami Code Section 40-203 (i)(1) and Section 40-203 (j)(2).

In the event the above beneficiary(ies) **predecease** me, I further designate as contingent beneficiary(ies):

Name(s): _____

Social Security: _____

Birth Date(s): _____

Relationship: _____

Address(es): _____

PART B (Ordinary Death Benefit)

In the event of my death, **not** in the performance of duty, before retirement on pension, I, the undersigned, do hereby designate:

Name(s): _____

Social Security: _____

Birth Date(s): _____

Relationship: _____

Address: _____

as beneficiary or beneficiaries to whom the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust should pay Ordinary Death Benefits as outlined in the City of Miami Code Section 40-203(h) and Section 40-203 (j)(2)..

In the event the above beneficiary(ries) **predecease** me, I further designate as contingent beneficiary(ries):

Name(s): _____

Social Security: _____

Birth Date(s): _____

Relationship: _____

Address: _____

I hereby authorize the Board of Trustees of the City of Miami Fire Fighters' and Police Officers' Retirement Trust to make payment to the beneficiary or beneficiaries whom I have above nominated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation on account of the benefit. I hereby direct that, should I survive any or all of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate by written designation filed with the City of Miami Fire Fighters' and Police Officers' Retirement Trust in accordance with the rules and regulations prescribed by the Board of Trustees.

By checking this box, I acknowledge that I have designated beneficiary/beneficiaries and/or contingent beneficiary/beneficiaries that are currently under the age of 18.

The right to change the designated beneficiary/beneficiaries and contingent beneficiary/beneficiaries without their consent is reserved.

Member Signature

Email

Phone

Pursuant to Section 119.071(5)(a)2(a)(II), Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosure related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

State of *Florida*
County of *Miami-Dade*

The foregoing instrument was signed and acknowledged before me this _____ day of _____, 20 _____, by _____ who is personally known to me or who has produced _____ as identification.

Commission Expires:

Notary Public