

**TOWN OF DAVIE POLICE OFFICERS' PENSION FUND**

**BENEFICIARY DESIGNATION FORM**

I, \_\_\_\_\_, a member of the Davie Police Officers' Pension Fund, hereby designate, in order of preference, the following persons as my beneficiary in the event of my death. In the event that the first named beneficiary is prohibited by law from receiving said benefits or has predeceased me, then the next beneficiary in order of preference shall receive the benefit. In the event that the second choice is disqualified as a matter of law or has predeceased me, then the third choice and so on. If all such designated beneficiaries are ineligible to receive the benefits as a matter of law, or have predeceased me, then I hereby designate my estate as recipient of the death benefit.

**BENEFICIARIES IN ORDER OF PREFERENCE:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

I understand that in the event of a service connected death, and I have been married for a period of more than one year, that the sole death benefit available is a monthly payment equal to fifty (50%) percent of my base pay at time of death and that this is in lieu of a return of my contributions or any other death benefit.

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Name:  
Notary Public  
My Commission Expires: \_\_\_\_\_  
Commission No: \_\_\_\_\_