TOWN OF DAVIE
POLICE PENSION FUND

3810 Inverrary Blvd., Suite 303
Lauderhill, Florida 33319
TELEPHONE:
(954) 730-2068

BENEFICIARY DESIGNATION

PLEASE PRINT OR TYPE:

I. - Participant:

Name of Participant: _____, _____
(Last) (First) (Middle)

Social Security # ____ - ____ - _____ Date of Birth: ____/ ____/ ____/

II. - Beneficiary:

I hereby designate the following person as my beneficiary entitled to receive any benefit due in the event of my death:

Name of Beneficiary: _____

Beneficiary's Social Security Number: _____

Relationship: _____

Date of Birth of Beneficiary: _____

Sex of Beneficiary: Male _____ Female _____

Address: _____
(Address) (Street)

_____
(City) (State) (Zip Code)

Telephone Numbers of Beneficiary: (___) _____
Home

(___) _____
Cell

III. - Contingent Beneficiary:

If the above named beneficiary dies before me, or is not available to receive any benefit due, I designate the following person as the contingent beneficiary entitled to receive any benefits due:

Name of Contingent Beneficiary: _____

His/Her Social Security Number: _____

Relationship: _____

His/Her Date of Birth: _____
(Month - Day - Year)

Sex of Beneficiary: Male _____ Female _____

Address: _____
(Address) (Street)

_____
(City) (State) (Zip Code)

Telephone Number of Beneficiary: (____) - _____

This form takes the place of any other beneficiary form previously filed.

_____ _____
Participant's Signature Date

_____
Witness' Signature