



Town of Davie Police Pension Plan

Beneficiary Designation Form

New Member Pre-Retirement DROP Normal/Early Retirement _____

EMPLOYEE DATA

Member Name: _____ Pension Entry Date : ____/____/____

Marital Status: _____ SS#: _____ - _____ - _____ Date of Birth: ____/____/____
(Submit Proof) (Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone : (____) _____ Cellular: (____) _____

Badge #: _____ E-mail Address: _____

PRIMARY BENEFICIARY

I _____ designate the following person as my *primary*
(Member Please Print Name)
beneficiary entitled to receive any benefits due in the event of my death:

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: _____ - _____ - _____ Date of Birth: ____/____/____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cellular: (____) _____

E-mail Address: _____

A change in family status (marriage, divorce, etc.) may not effectively change a designation of beneficiary. However, pursuant to Florida Statutes §732.703, divorce or annulment may void the election of a former spouse as a designated beneficiary. To ensure that your assets are paid as you want them to be, keep your beneficiary updated.

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the primary beneficiary:

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: _____ - _____ - _____ Date of Birth: ____/____/____
(Submit Proof)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cellular: (____) _____

E-mail Address: _____

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Beneficiary Designation Form - Page Two**



Member Name: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent*
(Member Please Print Name)
beneficiary entitled to receive _____% benefits due in the event of my death and that of the
primary beneficiary:

Beneficiary Name: _____ **Relationship:** _____

Male: ___ **Female:** ___ **SS#:** _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____
(Submit Proof)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (_____) _____ **Cellular:** (_____) _____

E-mail Address: _____

TOWN OF DAVIE POLICE PENSION PLAN
Beneficiary Designation Form - Page Three



Member Name: _____

By my signature below, I acknowledge that under Florida law a change in my marital status (marriage, divorce, annulment) may affect the Plan's ability to pay benefits to the above designated beneficiary and that it is my responsibility to notify the pension office of any changes to my designated beneficiary. I understand that if an updated form is not on file at the time of my death specifically designating my "former spouse" as my beneficiary, then my former spouse may be treated by the plan as automatically predeceasing me and he or she will not receive a benefit from the plan.

The foregoing designation of beneficiaries revokes any and all prior designations of beneficiaries (if applicable). I also acknowledge that it is my responsibility to notify the Board of Trustees of the Davie Police Pension Plan (or their designee) should any change in beneficiary be necessitated in the future, or if there is (are) any other change(s) that may affect the accuracy of this form.

Member/Retiree's Signature _____
Date

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____/____/____ by
Date

_____, who is personally known to me or who has
(Name of person acknowledging)

produced _____ as identification and did (did not) take a oath
(Type of identification)

Notary Public

Return To: **Town of Davie Police Pension Plan**
C/O Precision Pension Administration, Inc.
13790 NW 4 Street, Suite 105
Sunrise, Florida 33325

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.

Office use only

Updated/Entered By: _____ **Date:** _____