



City of Sunrise Police Officers' Retirement System



Beneficiary Designation Form

- New Member
 Pre-Retirement
 DROP Retirement
 Normal/Early Retirement (Disability)

EMPLOYEE DATA

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

Marital Status: _____ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

E-mail Address: _____

PRIMARY BENEFICIARY

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

Beneficiary Name: _____ Relationship: _____

Male: ___ Female: ___ SS#: ____ - ____ - ____ Date of Birth: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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: ____/____/____

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

Phone: (____) _____ Pager: (____) _____

Fax: (____) _____ Cellular: (____) _____

E-mail Address: _____

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CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** ____/____/____

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

Phone: (____) _____ **Pager:** (____) _____

Fax: (____) _____ **Cellular:** (____) _____

E-mail Address: _____

CONTINGENT BENEFICIARY

I _____ designate the following person as my *contingent beneficiary*
(Employee Please Print Name)
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:** ____/____/____

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

Phone: (____) _____ **Pager:** (____) _____

Fax: (____) _____ **Cellular:** (____) _____

E-mail Address: _____

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 Sunrise Police Officers' Retirement System (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.

Employee's/Retiree's Signature
_____/_____/_____
Date
Return to: Sunrise Police Officers' Retirement System, 13790 NW 4 Street, Suite 105, Sunrise, Florida 33325

Office use only

Updated/Entered By: _____ Date: _____

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 119.07(5)(a)(2)(a)(II), Florida Statutes.