



## City of Sunrise – Police Officers’ Retirement System

---

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.

THANK YOU

**CLICK BELOW TO SEND SECURELY VIA THE  
FOLLOWING LINK:**



# 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: (\_\_\_\_) \_\_\_\_\_ 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: (\_\_\_\_) \_\_\_\_\_ 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 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: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Page Two  
**City of Sunrise Police Officers' Retirement System  
Beneficiary Designation Form**

**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:** (\_\_\_\_) \_\_\_\_\_ **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:** (\_\_\_\_) \_\_\_\_\_ **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  
2650 W. State Road 84, Suite 100A Fort Lauderdale, Florida 33312**

**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.