



City of Orlando Firefighters Pension Fund
Pre-Separation Death Designation of Beneficiary Form for
MONTHLY BENEFITS

In the event that I die prior to my separation as a firefighter with the City of Orlando or entry into DROP and the circumstances of my death qualifies for the payment of monthly pension benefits (Non-line of duty death with 10 or more years of credited service or line of duty death with 10 or more years of credited service), then I direct that the monthly pension benefits be paid as follows:

I understand that if I die in the line of duty before completing 10 years of credited service, that monthly benefits will be paid to my surviving spouse and/or minor children, or dependent parents, pursuant to Section 33(1)(b), "Pre-Separation Death" regardless of any designation.

I understand that if I die after completing 10 years of credited service regardless of whether my death was in the line of duty or not in the line of duty, then 120 monthly pension benefits in the amount of my accrued benefit will be paid beginning immediately as designated hereon.

I understand that after 120 monthly pension benefits have been paid, that the appropriate percentage of my accrued benefit will be paid to my surviving spouse and/or minor children, or dependent parents.

I understand that I may designate one or more beneficiaries, including a surviving spouse, minor children and/or adult children, a parent or parents, or any other person, or a trust, named sequentially or jointly and in whatever percentages I deem appropriate to receive the 120 monthly pension payments.

I understand that if I do not designate a beneficiary or if no beneficiary designated survives me that monthly pension benefits will be paid to my estate.

I understand that at the time of my Application for Retirement Benefits (Normal Service Retirement, DROP Retirement, or Disability Retirement), I have the right to elect in writing the form of payment of how I want my monthly pension benefits paid which may include a designation of a beneficiary or a joint pensioner different than the beneficiaries designated herein.

I understand that this designation may be revoked or changed by signing and filing with the Board of Trustees (by delivery to Employee Benefits) a new Pre-Separation Death Designation of Beneficiary Form for Monthly Benefits.

For the 120 monthly pension benefits payable immediately following my death, I designate the following beneficiary(ies) (*select only one*)

_____ 1. My surviving spouse to whom I was married at the time of my death.
(initials)

_____ 2. My children living or in gestation at the time of my death in equal percentages.
(initials)

_____ 3. The following:
(initials)

PRIMARY BENEFICIARY(IES)

1. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

2. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

3. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

4. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

NOTE: TOTAL OF PRIMARY BENEFICIARY(IES) MUST EQUAL 100% %

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

In the event that the foregoing person(s) predeceases me, then the portion payable to that person(s) shall be payable as designated herein. If you designate more than one (1) primary beneficiary, you may designate that the surviving primary beneficiary(ies) shall receive the predeceased primary beneficiary(ies) share(s) or you may designate the contingent beneficiary(ies) to receive the predeceased primary beneficiary(ies) share(s):

CONTINGENT BENEFICIARY(IES)

1. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

2. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

3. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

4. Beneficiary Name: _____ DOB: _____ %
Relationship _____ Social Security No.: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____

NOTE: TOTAL OF CONTINGENT BENEFICIARY(IES) MUST EQUAL 100 %

If a beneficiary spot is not used, please draw a line through it, write 0% in the blank, and initial it.

You may add additional primary beneficiaries, but the sum of the percentages for all primary beneficiaries must equal 100%. You may also add additional contingent beneficiaries, but the sum of the percentages for all contingent beneficiaries must equal 100%. Contingent beneficiaries will receive only the percentage of predeceased primary beneficiaries.

Print Name

Signature

Date

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC

My Commission Expires on: _____