

**THE MIAMI FIREFIGHTERS' RELIEF & PENSION FUND (175 FUND)
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARIES**

**TO: The Board of Trustees
The Miami Firefighters' Relief & Pension Fund
2980 NW South River Drive
Miami, Florida 33125**

Date: _____

I, _____, SS# _____, desire to revoke any previous nomination of beneficiary, which may be inconsistent herewith, and request that the following designation of beneficiary supersedes any designation of beneficiary previously filed with the Board of Trustees.

**I do hereby designate _____, _____, _____,
(Name of Beneficiary or see below) (Social Security Number) (Date of Birth)**

Whose address is _____, and whose relationship to me is _____, ("former spouse" must be identified here if desired) as the beneficiary to whom I request the Board of Trustees of the Miami Firefighters' Relief & Pension Fund to pay in the event of my death, the total amount of accumulated contributions and earnings to my credit in the Miami Firefighters' Relief & Pension Fund.

**In the event said Beneficiary predeceases me, I designate as contingent beneficiaries in shares as listed below:
(Use back of form if additional space is needed. Warning, Divorce can impact contingent beneficiary designations!)**

Name _____	SS# _____	DOB _____	_____	_____
(First) (Middle) (Last)			(Relation)	(Percent)
Name _____	SS# _____	DOB _____	_____	_____
(First) (Middle) (Last)			(Relation)	(Percent)
Name _____	SS# _____	DOB _____	_____	_____
(First) (Middle) (Last)			(Relation)	(Percent)
Name _____	SS# _____	DOB _____	_____	_____
(First) (Middle) (Last)			(Relation)	(Percent)

The right to change the beneficiary and contingent beneficiary or beneficiaries without consent is hereby reserved. I have been advised of the State Statutes enacted by HB 401, effective July 1, 2012, Effect of Divorce on Designated Beneficiaries.

I hereby authorize the Board of Trustees of The Miami Firefighters' Relief & Pension Fund to make payments to the beneficiary or beneficiaries whom I have above nominated, IF permissible by Law, and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the system from any further obligation. I hereby direct that, should I survive any or all of the aforementioned beneficiaries, the amount which otherwise would have been payable to the beneficiary or beneficiaries shall be paid to my estate or to such other beneficiary or beneficiaries as I shall hereafter nominate, by written designation filed with the Miami Firefighters' Relief & Pension Fund in accordance with the rules and regulations prescribed by the Board of Trustees.

Sign (Witnessed) Print

(Signed)

Sign (Witnessed) Print

(Address)

Phone: _____

Social Security Number Collection Disclosure Statement: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

November 1, 2012