



DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARIES

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.

WARNING: Divorce can impact contingent beneficiary designations!

Name: _____ SS# _____ DOB _____
(First) (Middle) (Last) (Relationship) (Percent)

Name: _____ SS# _____ DOB _____
(First) (Middle) (Last) (Relationship) (Percent)

Name: _____ SS# _____ DOB _____
(First) (Middle) (Last) (Relationship) (Percent)

Name: _____ SS# _____ DOB _____
(First) (Middle) (Last) (Relationship) (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*.

<https://www.flsenate.gov/Session/Bill/2012/401/BillText/Filed/PDF>

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.

Participant Signature: _____ Date: _____ Phone: _____
(No Electronic Signature)

Home Address: _____ Email: _____

Witness Signature: _____ Witness Printed Name: _____
(No Electronic Signature)

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.

April 18 2025