



CITY OF  
**FORT LAUDERDALE**  
GENERAL EMPLOYEES' RETIREMENT SYSTEM

**GROUP I DESIGNATION OF BENEFICIARY  
OFF-THE-JOB DEATH BENEFITS**

City Ordinance Section 20-110(e)(2) provides that if you die while employed as a City employee from causes not directly related to your employment that your designated beneficiary(s) would receive a monthly benefit equal to fifty (50) percent of your monthly pensionable earnings as of your last date of active employment, until the earlier of ninety-six (96) months of payments or the death of the last surviving beneficiary.

\_\_\_\_\_ Member Name (print)

\_\_\_\_\_ Employee ID #

\_\_\_\_\_ Phone

**Important (Please Read)**

You may designate whomever you wish to be your beneficiary(s) for off-the-job death benefits but not a trust.

A primary beneficiary is the person(s) who is first in line for benefits. A contingent beneficiary is the person(s) who is second in line for benefits if your spouse or other primary beneficiary(s) die before you or is ineligible to receive any benefit due.

If your intent is to for all benefits to be payable first to your spouse if they are living, then designate your spouse only as the primary beneficiary. You can then designate anyone else such as your children as contingent beneficiary(s) to receive benefits should your spouse not be living at the time of your death.

**PRIMARY BENEFICIARY(S):**

I hereby designate the following person(s) as my primary beneficiary(s) entitled to receive benefits due in the event of my death in equal shares (or percentages indicated below) to the following designated person(s).

Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
If a primary beneficiary(s) predeceases me then benefits will be prorated in the proportion to the percentages above.

**CONTINGENT BENEFICIARY(S):**

If none of the primary beneficiary(s) are still living at the member's death then benefits payable will be paid in equal shares (or percentages indicated below) to the following contingent beneficiary(s). In the event no contingent beneficiary(s) survive the member then all proceeds will be paid to the member's estate.

Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
Name _____ Relationship _____
Percentage _____ Date Of Birth _____ Phone Number _____
Address _____
If a contingent beneficiary(s) predeceases me then benefits will be prorated in the proportion to the percentages above.

**It is extremely important that you keep your designation of beneficiary(s) current. Update the pension office immediately after any changes in life circumstances such as death, marriage, divorce, or birth of new children.**

Under Florida State Statutes, a divorce might invalidate the designation of your spouse as a beneficiary. Your ex-spouse can still be a beneficiary after divorce but you should complete and submit a revised Designation of Beneficiary Form dated after the divorce to the pension office.

The Board of Trustees recognizes only those designations which are received by the pension office prior to the member's death. A trust is not an acceptable beneficiary designation.

This form supersedes and revokes any and all prior designations and primary/contingent beneficiary(s).

Forms that appear to be modified or altered in any way will not be accepted.

Please complete this form very carefully, if you have any questions do not hesitate to contact the pension office at 954-828-5171.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnesses - a witness for the member's signature **is required**. The witness must be a disinterested party, **not** a beneficiary.

Witness Name (print) \_\_\_\_\_ Relationship \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_